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ORIGINAL ARTICLES.

HYPNOTISM.*

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It appears as difficult to exactly define hypnotism as it is to find a comprehensive, yet exact, definition for insanity. Moll says its chief characteristic is susceptibility to suggestion. It is not like sleep, for as Kirshhoff asserts, only some of the cerebral functions are inhibited, and, farther, that people are led into hypnotism because the faculty of active attention is wanting. By the term, "active attention," is meant the constant control which the will exerts over the current of our thoughts and actions, that they may be kept in consistent relation with our surroundings. When this control is removed we become ready victims to outside suggestion.

It is probable that man, as an eminently social being, is always more or less susceptible to suggestion. Boris Sidis, in his experiments in the Psychological Laboratory, at Harvard College, found that when the attention of perfectly normal people was directed for perhaps twenty seconds to some particular point, commands suddenly given at the end of that time were often immediately carried out by the subject. Concentration of the mind on one object is particularly favorable to the induction of the hypnotic state. Sidis writes some interesting facts in regard to the influence of suggestion in the causation of mental epidemics. He cites the different manias which prevailed in Europe during the middle ages. Among these are the Crusades, the Flagellants, and the different dancing manias which prevailed during the latter part of the fourteenth and the fifteenth centuries.

Of these, the Children's Crusade may serve as a type. In 1212, under the preaching of Stephen, a shepherd boy, and certain other lads, thousands of children in France and Germany became infected with the crusade fever. Nothing would stop them. Entreaties, punishments and confinements were of no avail to stop the tide. They broke from their houses to join the ranks of marching children. The chroniclers further state that when they were successfully detained they pined as if attacked by dangerous disease. Their fate is a mat-

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ter of history. When the German division, fortunately diverted and sent home by the efforts of Pope Innocent III., marched home and were asked what they had really wished to do, the children, as if aroused from a narcotic state, could only answer that they did not know.

Sidis quotes this as akin to epidemic hypnotism, and aptly states that "the laws of hypnotism work on a great scale in society, and social susceptibility is *individual hypnotism written large.*"

A few words in regard to the methods of producing hypnotism, and its stages. Björnström divides all methods into physical and psychical. The latter is not found to be very successful, and when successful has generally to be reinforced by physical methods to produce a hypnotic state at all profound. The physical means include such agencies as affect the nervous system, especially the sensory nerves, by producing a state of fatigue or relaxation in certain centers; partly, however, by inducing a certain inhibitory condition of the brain. Among these, those which affect the sense of sight are perhaps the most powerful. Braid's method of making a subject look steadily at an object placed near to and above the eyes, so as to bring continued strain on the ocular muscles, is one of the best known. Pressure on the eyelids is another method. Many operators make passes over certain regions of the body. Certain regions, as the top of the head, forehead, ovarian region, root of the thumb and over the joints, are especially sensitive, and are termed by Pitres "hypnogenic zones."

A well-known Vienna operator appears to combine the psychical and physical methods as follows: I pick out a woman of nervous appearance, tell her that I have in my organization a strong evolution of electricity. As a proof, I let her hold two fingers of my right hand, and, after a few seconds, ask her if she feels anything? If she says she feels a creeping, followed by a numb sensation, she is susceptible. Then I say, "Hold my hand, tight, tighter, tighter still; now you cannot let go." In fact she cannot, and a few passes along the arm increases the spasm. Blowing on her hand and telling her she is free, releases her. Then I take both her hands in mine and tell her to yield to the first impulse to sleep, which usually occurs in ten to twenty minutes.

Heidenhain's method is, first, visual fixation, then passes. He found that by continued stroking of the thumb spasms affected progressive groups of muscles up the arm to the shoulder.

Analgesia is one of the earliest effects of hypnotism.

The cataleptic state can be induced in very susceptible subjects by a loud sudden noise like a stroke on a large bell or gong.

Wilkins, in Dana's clinics, takes the subjects' hands and requests that he remain so far as possible in a passive condition of mind and yield to the first impulse to sleep. He finds, as do others, that an anxiety to further the hypnotizer's efforts may defeat his aim. He should be passive.

In regard to classification of the stages of hypnotism, the following quoted by Björnström from Tamburini and Sepelli appears to me the simplest and best:

	1.—Lethargic.	2.—Cataleptic.	3.—Somnambulistic.
a—Motility	Increased reflexes, and muscular contractility.	Plastic flexibility of joints, lessened reflexes.	
b—Sensibility	Sharpened hearing.	Complete insensibility.	Characterized by ready obedience to suggestion.
c—Respiration	Quickened and deep.	Slow and superficial.	Increased sensibility of special senses, but diminished in skin and mucous membranes.
d—Circulation	Peripheral vessels distended.	Slow and contracted.	

Absence of pain is common in all hypnotic conditions, but in the third stage may be present or even increased Sensibility to touch is increased, often to a surprising extent, as has been demonstrated in the work of Charcot and Richet.

By allowing the light to enter the eyes the lethargic condition may be readily converted into the cataleptic, and in Charcot's clinic these states have been made to co-exist on different sides of the body by allowing the light to enter one eye while the other stayed closed. A few strokes in these condi-

tions, over the "hypnogenic zones," will produce the "somnambulistic" stage which, however, may occur primarily.

Of the physiologic conditions accompanying the different hypnotic states our information is meagre, and the following notes represent the result of my researches in our latest literature. Bevan Lewis says: "The earliest symptoms of hypnotism appear as the result of stimulation of the ocular motor tract in the medulla. Then is spasm of accommodation; restricted accommodative range. Then there is stimulation of the sympathetic with exophthalmos, widening of the palpebral fissures, dilatation of the pupils, quickened pulse and breathing."

Rohé quotes Drs. Sarlo and Berardini, who had an opportunity to study the cerebral circulation during hypnotic sleep in an epileptic forty years old, who had an opening in the cranial vault caused by a fall. By a bright light they were enabled to produce the lethargic and cataleptic conditions, but not the third or somnambulistic stage. During the lethargic stage the brain cortex appeared hyperemic; during the cataleptic stage, anemic. They believe, with Tamburini, that hypnosis only renders more marked the manifestation of reflex excitability existing in the individual in the latent or inhibited state.

Kramp explains hypnosis as the result of a change in the cerebral circulation. He believes that as those portions of the brain, whose functions are diminished during the hypnotic state, derive their circulation from branches of the internal carotid, and that the lower centres receive theirs through the vertebrals; that the carotids are contracted in hypnosis and the blood flow in the vertebrals is increased. The driving of the surplus blood into the branches of the external carotid explain the flushed face and the appearance of the eyes, while to the hyperemic condition of the medulla and cord is due the muscular rigidity, further accentuated by loss of inhibitory control by the higher centres. This view not only appears reasonable in itself, but is furthermore consistent with the foregoing views of Bevan Lewis and Sarlo.

In regard to susceptibility writers are very much in accord. Björnström says the most susceptible age is between seven and twenty-one years. Liébault, of Nancy, out of a total of 744 people in one year, was able to throw 682 into a more or less deep sleep. Of the sixty-two who were not at all susceptible to his influence, there was not one under fourteen years old. 10.8 per cent. of the men and 6.6 per cent. of the women did not respond. All agree in saying that idiots are not susceptible. The insane do not, as a rule, come under the hypnotic influence of the operator easily. Dr. Henry Hulet, of Grand Rapids, Mich., who has had large experience, says, the insane are difficult, and the result when obtained only superficial. Charcot finds his best subjects among hystero-epileptics.

Rohé, quoting Wetterstrand, states that neurasthenics are hard to hypnotize. The proportion of general cases probably depends largely on the perseverance and skill of the operators. Beannis found only eighteen to twenty per cent. amenable. L. C. Gray believes that almost all adults under fifty-five years can be hypnotized after repeated attempts.

One word in regard to simulated hypnotism. Gray says this should be readily detected. Almost all individuals pass through the lethargic state. It is only necessary to let this increase when the facial expression, slight pallor, anesthesia and familiar appearances of unconsciousness are too well known to favor success in simulation. He further says that the muscular hyper-excitability cannot be successfully imitated.

Its uses in medicine and surgery have been known for many years. In 1829 Cloquet amputated a woman's breast by its aid without pain. From 1850 to 1860 Esdaile used it in 600 operations upon Hindoos with success. It has never taken rank with ether and chloroform as an anesthetic in general surgery.

In medicine, certain functional nervous diseases yield to its influence. Hulst, who has used it with good results in 422 cases, says, that in diseases when pain is a prominent symptom it has proved of the most service. He regards it as of great service in correcting vicious habits in children. Vorsin has cured mild melancholia, hysterical contractures and dipsomania. Dujardin

Beaumetz quotes Reynault as curing a case of monoplegia of the leg with amenorrhea. He suggested that the trouble would be cured by massage in three trials which actually occurred. It is difficult not to believe a hysterical tendency present in such a case as this.

Bjornström says that pain relieved by suggestion in hypnotism returns if the cause of the pain persists. Rohé quotes Wetterstrand in claiming good results in chronic inebriety. Wilkins, in Dana's clinics endorses this view but says the suggestion must be renewed at short intervals for a time. Enuresis, it is claimed frequently improves and disappears under this treatment.

Claims of cure of actual inflammatory conditions have been made by physicians of such standing that their statements must command respect. In the French clinics sufficient vaso motor disturbance has resulted from suggestions as to cause a blister to form on the skin.

In spite of these evidences of its great power, its use has not grown notably and its range is still limited. Habit neuroses may yield to its influence, but we would hardly expect it to remove neurotic conditions which are congenital and probably have their basis in characteristics which form part of the nature of a pervert or degenerate. The uncertainty attending its use and the fears of the subject will interfere somewhat with its use. Dr. Wilkins is of the opinion that "its value is more striking in effect than wide in applicability."

Its standing in medical jurisprudence is an interesting question, while some observers doubt if suggestion could be so powerful as to induce one to perform crime or commit any grave act from which they would revolt when uninfluenced, well known authorities appear to have proven this to be at least very probable if not certain. Such instances are found recorded in Björnström's admirable book, in experiments by Liegeois and others.

In regard to its possible inconveniences and dangers, I wish to trespass on your patience just a minute or two longer. Lombroso reports an artillery officer who was hypnotized by Donato, a travelling hypnotist, who afterwards suffered from spontaneous hypnotism at the sight of a shining object and had been known to follow a carriage lamp in the night, as if spellbound, and was frequently in danger.

Björnström claims that many women have developed hysteria of a violent type under a few hypnoses. Dercum, in his recent book more than hints at the same danger.

Kirshhoff in his recent admirable book says that experience has shown that mental disturbance may result from repeated hypnoses especially in persons with hereditary taint who are best adapted as subjects.

Furthermore, in Heidenhain's method of tetanizing the muscles by stroking, care must be taken in the extension of rigidity from group to group, that the respiratory muscles are not inadvertently involved.

In conclusion I must express my regret at having to give you a paper which is purely a compilation, but I have endeavored to collect for it the best I could find in recent medical literature.

In a letter that recently reached this country, written by one of Queen Victoria's soldiers, who was with his regiment marching against the Dervishes in the Egyptian campaign, is a little amusing story of a certain soldier who disliked the intense heat of the country, and sought in every kind of way to obtain some excuse for quitting the service. It seems he complained to the doctor of his eyes, claiming that he was so near-sighted that he could not with safety fire off his gun for fear of hitting a comrade instead of an enemy.

"Dear me," said the doctor, "that is a serious matter. Now tell me what you mean by near-sighted."

"Well, sir," said the soldier, and he looked around thoughtfully as if in search of some idea, "it is an example you want? Ah, I have one. Can you see that pin lying in a corner over there?"

"Why, yes! And I should say it required excellent eye-sight to see it, too," replied the doctor.

"Well, that's my trouble, sir; I can't see it."

The poor man is still wondering why he is not sent back to the home station. —*Harper's Round Table.*

DISEASES OF THE ACCESSORY CAVITIES OF THE NOSE.

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The nose and throat specialism of a few years ago attached very little importance to diseases of the accessory cavities. This seems a little remarkable when we consider that this is the most serious class of all nasal disorders, of very common occurrence, and having symptoms that are very pronounced, very annoying to the patient and easily recognized by the physician. The accessory sinuses, four in number on either side, communicate with the nasal cavities proper through small openings which allow of an interchange of air during health, and through which pus is discharged into the nasal chambers during disease of these sinuses. These cavities are supposed to have no very important physiologic function. While they serve as reservoirs for warm air, and in this way contribute a little warmth and moisture to the air taken into the lungs, yet the amount of air emptied from these cavities is so small compared with the volume of air taken in at each inspiration that it must be considered as insignificant from a physiologic standpoint. Possibly the real design of these air cavities was to afford lightness to the bones of the face without compromising their strength or symmetry.

Any of these cavities may become diseased, and this is usually made known by a purulent discharge from the nose, more or less offensive in character, and which does not yield to ordinary treatment. Such chronic discharges never come from the mucous membrane of the nasal fossæ; for the ordinary forms of chronic rhinitis are not accompanied by a purulent discharge; and when pus is found coming from the nasal cavities it may be accepted as conclusive evidence of diseased bone. For on inspection it will nearly always be found that the pus is running from one of the accessory sinuses. The matter discharged from these diseased sinuses may vary in color, consistency, and odor, as well as in the quantity of the discharge.

Since rhinologists began to devote special attention to this class of diseases, and to be more accurate in the diagnosis of nasal troubles in general, it has developed that empyema is a thing of very frequent occurrence. An analysis of the cases under personal observation for five years shows that the total number of patients suffering from disease of the accessory cavities was thirty-five. Of these there were twenty-four cases of disease of the antrum of Highmore, ten cases of ethmoid disease, and one case of disease of the sphenoid cells. In a larger per cent. of the cases where the disease was of long duration mucous polypi were found in the nose, leading to the conclusion that the empyema stood in a causative relation to the intra-nasal tumors, for, out of a total of thirty-five cases of empyema, polypi were present in twelve, or about 34 per cent. of the whole number.

Eliminating from the calculation the cases of less than one year's standing, and basing an estimate on the chronic cases alone, mucous polypi were present in 63 per cent. of such cases. It would appear that polypi are most likely to be found where disease has existed for some time; and that they are found associated with disease of the ethmoid cells more frequently than elsewhere. Of the ten cases of ethmoid disease polypoid growths were present in seven. Grunwald has recorded seventy cases of accessory sinus disease. Out of these seventy cases polypi were present in thirty-three, or 47 per cent. As his cases were all grouped together possibly the per cent. would have been much higher had the cases of recent standing been excluded from the calculation.

Hence, this practical conclusion: in quite a large per cent. of the cases where polypi are found they are the result of chronic suppuration; and that the presence of such growths should always lead one to suspect that there is diseased bone, and hence call for inspection of the accessory sinuses. As the antrum

of Highmore and the ethmoid cells furnish by far the greatest number of empyemas some attention will be given to the treatment of disease in these cavities. Carious teeth are often the cause of pus in the antrum and this important fact must not be lost sight of in studying the etiology of a case. Quite a large proportion of the cases of empyema owe their existence to an abnormal or disordered condition of the nasal cavities. Many patients date the beginning of their ailments from the time of taking a severe cold or la grippe.

During the stage of active inflammation there is an excessive outflow of mucus and muco-pus into the antral cavity; and the swelling of the mucous tissue around the orifice, together with the swelling of the turbinated tissues in the nose, causes a retention of these inflammatory products, and thereby results the condition of empyema which becomes chronic and persistent. Stenosis of the nasal chamber by whatever cause produced is liable to be followed by disease of the antrum. Hence nasal tumors, hypertrophic rhinitis, foreign bodies and traumatisms may all indirectly lead to antral diseases by closing the hiatus, causing the retention of decomposing secretions. Deflection of the nasal septum, which makes one respiratory chamber unusually large at the expense of closing the other, can in the same way lead to antral disease on the side of the closed nostril. The symptoms observed in the course of this disease are not always sufficient to establish a diagnosis beyond a question of doubt. In most cases, however, the symptoms are marked and the evidences of disease are unmistakable. There is, in some cases, a sense of pain about the cheek, radiating pains about the eye, and pain or soreness in the teeth when pressure is made over the canine fossa. When there is closure of the hiatus and a retention of the secretions, there is apt to be distention, extreme tenderness, and bulging upward of the floor of the orbit causing exophthalmus and double vision. The discharge from the nose is a very annoying symptom, necessitating the frequent use of the handkerchief. The pus is generally thick like cream and often has a fetid, disagreeable odor. Firm and equal pressure over the two antra, one healthy and the other diseased, shows a tenderness on the diseased side, the obtuse sensation lasting for a time after the pressure has been removed. A careful rhinoscopic examination will be likely to reveal a discharge of pus, creamy in color and consistency, running from the region of the middle meatus. This pus when wiped away will sometimes quickly reappear at the same point, and can be seen trickling down from the natural opening. By a bending forward of the head the flow of pus from the antrum will be accelerated; a fact to which attention was first called by Boyer, of Brussels.

It should not be forgotten that the infundibulum has its opening in the middle meatus in close proximity to the osteum maxillare, and hence a purulent discharge from the frontal sinus would show itself in nearly the same locality as one coming from the antrum of Highmore. The search for pus by the method of trans-illumination, as first suggested by Voltolini has been rather disappointing to some, while others regard it a most valuable aid in reaching a diagnosis. If there be pus in the antrum or the cavity be filled with morbid growths, or if there be much chronic thickening and infiltration of the mucosa, the illumination will not shine through or show semi-translucency as in the case where the tissues are healthy. By this test the presence of disease can be demonstrated, but one cannot always differentiate between pus and other morbid conditions.

In endeavoring to obtain facts from which we can make a correct diagnosis, the following procedure can be adopted with good results: First cleanse the nasal cavity of all secretions; then apply a four per cent. solution of cocain for the two-fold purpose of shrinking the tissues and producing local anesthesia. Use a syringe holding two drams to which is fitted a long, narrow canula which is bent at a right angle about $\frac{1}{8}$ of an inch from the distal end. The syringe being filled with fluid the canula is introduced into the nose and the bent point slipped along the middle meatus until it drops into the antral opening. The fluid is now injected into the antrum, and if pus is present it can be seen to pour out from the natural open-

ing as the fluid enters. The pus thus discharged usually has a foamy appearance, owing to the sudden mingling of the pus with the fluids injected. Deviations of the septum and certain other hypertrophic changes will sometimes hinder this test, as well as prevent subsequent treatment by the same method, of washing out the cavity through the natural opening.

Another method of procedure, opening the antrum by a surgical operation, serves the double purpose of proving the diagnosis and of preparing the way for effective treatment. The perforation can be made through the nasal fossa by penetrating its outer wall, or through the alveolar process after the removal of a tooth, or, preferably in the canine fossa. In this way the pus, if there be any, can be found and having been found there is already an opening through which to medicate the diseased cavity.

The treatment of the disease is mainly surgical. Expectant treatment in these cases can neither offer the patient any relief nor help the reputation of the surgeon. In cases of recent standing a cure can sometimes be effected by washing out the antrum through the natural opening, but, as a rule, this treatment will not afford the desired relief. Therefore, radical measures are indicated, and the thing to do is to open the abscess in such a manner and in such a location as to afford constant drainage and thorough disinfection. All operators are not agreed as to where the opening should be made. Some prefer to make the opening from the nose, puncturing the outer wall of the nasal fossa, others prefer the method of extracting a tooth and completing the puncture through the alveolar process into the antrum. This probably has been the most common method of procedure. There are still others who prefer to enter the cavity in the region of the canine fossa. The latter procedure seems preferable because the cavity is entered at its most dependent portion, giving the advantage of the most thorough drainage. In the second place the opening is the most accessible for treatment, and lastly, the opening is protected in such a way that food is not likely to enter in the process of mastication.

The opening of the antrum from the nasal fossa does not afford thorough drainage, for the floor of the antrum is lower than the floor of the nose. The opening is also difficult to keep from closing up, and is not convenient of access. The most serious objection to boring upward through the alveolar process is that a tooth must nearly always be sacrificed in the procedure. Again, the wound has to be plugged to prevent food from entering the cavity and by closing the hole with a plug we have, in a degree, thwarted the purpose for which the operation was done.

It seems preferable to enter the cavity at a point a little above and below the roots of the second bicuspid and first molar teeth. If the first molar is out, enter directly above. A pledget of cotton saturated with a 10 per cent. solution of cocain is placed on the spot selected for the operation. After a few minutes the cotton is removed and a few drops of a 4 per cent. solution is injected into the submucous tissue. In ten minutes the local anesthesia is completed to an extent that the perforation can be made almost without pain. The drill of trephine whether run by an electric motor or by hand is passed in a direction upward, backward and inward, making an opening of sufficient size for the easy irrigation and medication of the diseased cavity. To keep the channel open and irrigate the cavity, I use a tube which is self-retaining and can be worn for months without discomfort or inconvenience to the patient. The irrigation is done by the patient himself and as many times a day as it is thought necessary.

The opening in the antral wall is made with a drill about 5 mm. in diameter. The tube is of a size to exactly fit the opening made by the drill, and is slightly swollen on the distal end to make it self-retaining. It is of silver and about five eighths of an inch in length. To prevent it going too far into the cavity, as well as to prevent the end projecting into the buccal cavity from becoming covered over with the mucous membrane, this extremity of the tube is provided with a head or smooth rim. This end of the tube is also sloped so as to make it lie smoothly against the slanting bone through which it passes. The tube is introduced by means of a pilot or tube introducer designed for the purpose.

The tube being in position the patient takes fluid into his mouth and by a pumping motion of the cheeks it is made to pass rapidly into the antrum and thence by the natural opening into the nose. In this way several ounces of fluid can be passed through the cavity in a very few minutes and answers the same purpose as if the physician himself had forced it through with a syringe. The patient should be ordered to do this several times daily.

The irrigation in the chronic cases has usually to be kept up through a long period, in some instances for a year or two. Where the case progresses unfavorably, the symptons showing no sign of abatement, it will be found best to enlarge the opening to an extent that the cavity can be carefully explored. If polypi are found they should be removed, membranous partitions should be broken down if present, and dead bone surfaces carefully curetted. When the mucous membrane is much thickened and covered with fungosities and flabby granulations, due to long continued suppuration, it should be curetted carefully throughout the entire cavity, and such curettment repeated if necessary.

The treatment of ethmoid disease is mainly surgical. The aim is to reach the diseased cavities and effect their free drainage, as well as a removal of the carious bone.

Two pathologic conditions may hinder approach to the seat of trouble. It is quite usual in these cases to find hypertrophy of the middle turbinated body sufficient to conceal all view of the parts beyond it. It is no less common, especially in chronic cases, to find the nose blocked with mucous polypi. In either case the first thing to do is to remove the hypertrophic conditions, and thus effect an unobstructed entrance to the diseased cavities. By careful inspection and the use of the probe the source of the discharge can usually be located. In operating on these cells do thorough work, remembering at the same time the delicate structures that surround the field of operation. Take bearings carefully and proceed cautiously. The curett is the instrument best suited for removing the diseased tissue. Forceps are likewise useful, and, as a supplement to the curett, afford a safe means of removing the carious bone. With these instruments one can feel the way, and by this tactile sense be able to discriminate between the healthy and diseased structures. A rough or grating sensation will indicate that the probe or curett is in contact with carious bone. Thorough removal of all diseased tissue is the end to be sought; and to accomplish this may require the repetition of the operation from time to time, as the work is not likely to be completed at one sitting, especially if done under local anesthesia.

In addition to the surgical treatment the nasal fossa must be kept clean. The foul accumulations should be washed away by frequent irrigation with some mild antiseptic solution. This will add greatly to the patient's comfort, and be of material aid to the surgical treatment.

The pages of a medical journal can contain no material of greater value to the student and young practitioner than reports of hospital clinics—that is, when written by a competent reporter. When the lecturers are taken down by a novice in short-hand, however, they oftentimes fail to reflect much credit upon the professor, unless the copy be revised by him—a duty, by the way, for which he seldom has time.

On the other hand, we sometimes see reports of certain operators (written by themselves) couched in language so flowery and poetical, and containing such startling evidences of a "rubber" conscience, that one is almost persuaded the writer had served apprenticeship under Nathaniel Hawthorne, whose advice to reporters is as follows:

"You must learn to think better of your powers. They will increase by exercise. I would advise you not to stick too accurately to the bare fact, either in your description or your narrative; else your hand will be cramped and the result will be a want of freedom that will deprive you of a higher truth than that which you strive to attain. Allow your fancy pretty free license, and omit no heightening touches because they did not chance to happen before your eyes. If they did not happen, they at least ought, which is all that concerns you."—*American Medical Journalist.*

PERNICIOUS MALARIAL FEVER.

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Dr. Bartlett, an eminent authority on the fevers of the United States, describes several varieties of congestive or pernicious malarial fever. I have met three varieties, the algid (geographically named), comatose and diaphoretic. They are always preceded by one or more ordinary intermittent paroxysms. They never immediately succeed or develop during a shaking chill. Neither do they immediately succeed an attack of remittent malarial fever. They are developed only after one or several chills of the kind sometimes called by the laity, "dumb chills." The tips of the nose, ears and toes get cold. The patients never complain of being cold either in a threatened or developed pernicious malarial paroxysm. The law of periodicity holds good in congestive fever. The congestive paroxysm will hold its victim a certain number of hours, and then pass away even without any reactive treatment, to come again at the next period, with redoubled fury. The attack may be either quotidian or tertian, but more frequently tertian.

If a patient, after having one or several chills such as have been briefly described, with restlessness, rapid pulse, sighing respiration, a little more hurried than usual, complains of being tired and hot, though cool, pupils somewhat dilated, nose, ears and toes cold, pale, bluish color of skin, imperfect reaction, etc., it means a congestive chill of the algid type within the next twenty-four or forty-eight hours. If this state of things is not recognized and promptly met at the next period, the patient will be found moribund, with extreme restlessness, strange, rapid, sighing breathing, pulse rapid and weak, which soon ceases at the wrist, skin cold, of a bluish color, the tongue flat, moist and bluish; breath cold, pupils dilated, an anxious indescribable expression of impending danger. Though he is icy cold except on the chest and abdomen, he complains of intense internal heat and want of fresh air. Complains of no pain anywhere, but will tell you he is tired and smothering. No great deal of thirst; sometimes a little nausea and vomiting. Temperature never high, mind clear to the last.

In the comatose variety, the seat of the congestion seems to be specially located on the brain. The coma varies from a slight stupor to the most profound carus. Like the preceding variety, it succeeds one or more ordinary intermittent paroxysms, minus shaking chills. The prodrome, or danger signal, in these cases, is usually a certain amount of listlessness, slowness of speech, a little more stupor than in ordinary cases, pulse rather slow and full; breathing heavy; dull, expressionless physiognomy. Body warm but not hot. When patient is aroused he will speak rationally but indifferently. Reaction from chills is slow and imperfect. If these symptoms are not arrested the patient at the next paroxysm passes into fatal coma, slow, full pulse, heavy, stertorous breathing, tongue moist and flat, never dry, unless breathing is done through the mouth. When the stupor is profound, nothing that I have ever seen done could arouse the patient. The end is death. In the case of a young man twenty years of age, whose death was due to this variety of congestive fever, I saw the doctors after futile attempts at blood letting, pour cold water on his body from a considerable height, without the twitching of a muscle. In some instances these fatal paroxysms are developed with scarcely any warning at all. If there is any symptom in the diaphoretic variety of the fever that foreshadows its coming it is the blending of the first and last stages of an ordinary intermittent paroxysm, *i.e.*, instead of the hot stage coming on after the cold, the sweating stage succeeds without any hot stage. If in the midst of an ordinary chill, just when one expects reaction, or the hot stage, there sets in a profuse diaphoresis, there is no mistake but that a congestive chill of the

diaphoretic variety is coming on. The surface is soon bathed in a cold clammy sweat, skin is icy cold and shrivelled, features pinched and shrunken, dark blue circles around the eyes, pulse extremely rapid and weak, soon ceasing to beat. The patient though icy cold, even the body is cold, complains of intolerable heat and insatiate thirst. The tongue is broad, flat, moist and blue; lips pale, breath cold; respiration normal, so far as I have noticed. The patient cares for and wants nothing but cold water. The mind is clear to the last if we except the mania for cold water and total obliviousness to his dangerous proximity to death. These cases are more amenable to reactive treatment than the preceding varieties, and of course less fatal.

In threatened or developed paroxysms of congestive fever, reaction must be brought about quickly or the patient succumbs. In bringing about reaction some eminent physicians have resorted to blood letting, douches of cold water and the administration internally of powerful stimulants such as ether, ammonia, whiskey, etc. The first means a culpable waste of golden moments, and in the last plan of treatment during a paroxysm the stomach will not assimilate anything, or if anything at all it would be slowly and imperfectly absorbed, thereby causing dangerous delay. I first and immediately place a powerful rubefacient from the occiput down the spine to the lumbar vertebræ, say a liniment compound of

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Fl. Ex. Capsici.	
Chloroformi ää	ʒi
Spts. Ammoniæ	
Spts. Terebinthinæ ää	ʒii

Mix, put on a thick paper and apply to the neck.

Keep the patient on his back until writhing with pain. If this treatment does not produce redness and pain in a few minutes the case is almost hopeless. Next charge the hypodermatic syringe with nitro-glycerin and atropin and use subcutaneously, not in the arm or leg, but over chest wall or abdomen where there is some heat and circulation. Give calomel and sodium bicarb., and cinchonize the patient at once thoroughly and persistently until two or three periods are successfully passed. After missing two or three periods patients usually convalesce rapidly.

Congestive paroxysms almost always come on in the afternoon. They never immediately succeed a shaking chill. So long as a patient with an intermittent paroxysm shakes and complains of being cold, the danger of a congestive paroxysm is *nil*. They never come on during an attack of bilious remittent fever. In threatened or developed congestive chill there are no shakes, no shivering, no yawning, no complaint of the patient being cold. I have never seen a congestive chill in an infant, nor but one in a negro. I have never seen a congestive chill earlier in the year than July, nor later than November. I have never seen a congestive paroxysm complicated with malaria hematuria.

It is said that John B. Parsons, who has been elected vice-president and general manager of the Philadelphia Traction Company, will receive a salary of $25,000 a year. Mr. Parsons has already gone to work in his new position. He celebrated his advent there by issuing an order that even the citizens of Philadelphia should be accorded some rights. Specifically he ordained that passengers might stand on the front platforms if they wanted to. The Philadelphians think the order was issued in their interest. In Chicago the people see merely that Mr. Parsons knows to a nicety how many people a front platform will pack. Three front platforms, according to the Yerkes arithmetic, are equal to one whole car; consequently Mr. Parsons' new order makes it possible to carry one-third more people, or to do away with one-third of the cars.—*Electrical Journal.*

The Commercial Mutual Accident Company and the Provident Mutual Accident Company have each been sued for $5000, by the widow of Dr. William K. Mattern, late coroner's physician, of Philadelphia, who is alleged to have died solely from the effects of septic poison from a dissection wound. This sort of injury was covered by the policies. The companies' reason for refusing payment will be stated later.

CURRENT LITERATURE CONDENSED.

Inguinal Orchectomy.[1]

A method of orchectomy which I have called the inguinal to distinguish from the scrotal is based on the principle that all interference with the scrotal tissues during the operation is dangerous and unnecessary. An incision of from one inch to one and a half inches long, and slightly curved with its concavity looking downwards and outwards, is made over the external abdominal ring in the line of the spermatic cord. The cord is exposed and isolated. It is then seized with the fingers of the left hand and pulled gently upwards. With a blunt dissector the subcutaneous tissue is freed, first from the lower part of the cord, and then from the testicle as it appears in the wound, the left hand keeping up gentle traction on the cord while this is being done. The testicle is delivered through the small incision and the cord dealt with in the usual manner. Afterwards the scrotum is invaginated through the wound in order to inspect the bed of the testicle for bleeding points, which in the two cases I have operated on were conspicuous by their absence. The incision is then closed by a continuous horsehair suture.

This method has many advantages over the scrotal method of castration. The short incision passes through the firm cellular tissue over the external ring, and the testicle is shelled out without any disturbance of the loose vascular tissue of the scrotum. The slightness of the vascular connection between the testicle and its bed is shown by the frequency with which it appears in the wound during the operation for the cure of inguinal hernia. Hence the risk of hemorrhage into the tissues after castration is done away with. Owing to the absence of dartos the edges of the incision can be accurately brought together, and in forty-eight hours the risk of infection from without is past. The delayed union so common in scrotal incisions is avoided. It may be well to include the scrotum in the dressing, pulling it upwards and forwards. Should it, however, slip down on the perineum, the incision will still be well covered by the dressing. If it is thought preferable a sealed dressing may be applied immediately after the operation. Any sealed dressing applied to the scrotum itself would certainly become loosened by the dartos within a few hours, but on the smooth skin over the external ring it may be relied on to keep firm and close. Should any dribbling of urine occur, the incision is well above the end of the penis instead of being immediately underneath it, and is thus much less likely to get wet. Finally, the time of the operation is shortened, because there is less trouble with bleeding and the incision can be more quickly sewn up. In the two cases on which I have had the opportunity of trying this method, healing took place by primary union without rise of temperature or other complication. The long scrotal incision appears to me to be a relic of the time when surgeons recognized that their wounds must of necessity become foul cesspools, to be drained and cleared out on ordinary sanitary principles. A scrotal incision is only necessary when the testicle is much enlarged, or adherent to the skin.

[1] W. S. Handley, M.B., M.R.C.S. Eng., in *The Lancet.*

Nasal and Aural Hygiene.[2]

The hygiene of the upper respiratory passages and of their dependent aural apparatus is worthy of more attention than it has received. Its most important feature is, of course, the prevention of coryzas, universally recognized as of constitutional origin—a result of the so-called "pre-catarrhal state," induced notably by confinement indoors and imperfect metabolism, the latter being a sequence of faulty diet. But the care of the nose and ears as individual members should not be neglected.

The injuries resulting from falls and blows on the nose in childhood are familiar to us as deflected septa, etc., and, naturally, are mostly unavoidable; in later life we learn to guard this tender organ with solicitude. Nevertheless,

[2] F. B. Eaton, M.D., San Jose, California, in the *Laryngoscope*, 1896.

outside the foot-ball gridiron, who has not at times viewed with sympathetic alarm the rough handling of a ruby-colored nose by its possessor when afflicted with a coryza? At no other time does the nose need to be treated so gently by its owner, who, during a coryza, grasps it scores of times a day, as he would the handle of a garden rake, and after blowing it with an energy out of proportion to the occasion, finishes by wringing it like a fowl's neck. Hence the persistency of certain coryzas and the lasting nasal congestions set up, subsiding when the overzealous use of the handkerchief is abandoned. Patients should be instructed to blow gently into the handkerchief, not to grasp the nose and imitate the music of a cornet player. It is unnecessary, perhaps, to state that the habit of picking the nose is like all habits originally induced by some unhealthy condition, local or general. Yet it is a habit after all, and one to be sternly eradicated.

There is much indifference to the evils of dust and very dry air. It seems well nigh impossible to get those thus exposed, especially those working where there are acrid chemical fumes, to wear a mask or inhaler. Persistent use renders such apparatus tolerable, and their benefit is eventually appreciated if they are really efficacious.

The oft-repeated warnings to surf-bathers, and particularly to those who dive, to protect their ears from the water by cotton plugs, etc., is not generally heeded, to judge by the damage often traced to its neglect. They who have lost the membrana need to be especially careful, and to give up diving. The tympanum is readily protected by the cotton plugs firmly introduced, but in diving even then the air in the nasal fossæ, accessory sinuses and naso-pharynx is compressed and partially escapes by the Eustachian tubes, and in consequence the water enters so far and high in the nasal fossæ as to painfully irritate the pituitary membrane, and leads to protracted congestion.

A depreciated condition of the whole system, most frequently the result of sedentary occupations, is fully recognized as the most prolific cause of nasal and aural catarrh, and tobacco and alcohol contribute to this.

Births, Marriages, and Deaths in Europe.[3]

Classifying by countries the phenomena of births per thousand of population, we find that, on the whole, Russia has the highest record, with about forty-nine births annually; Hungary comes next, with forty-five; Saxony third with forty-two, after these Italy and Austria, with thirty-eight; Prussia with thirty-seven; Australia with thirty-five; England and Scotland with thirty-three; while lowest in the scale comes Ireland with twenty-four. It is a fact, contrary to current opinion, that in every country more males are born than females—511 boys to 489 girls being in England the normal proportion per thousand, with fluctuations in other countries not differing very widely from these figures. The start that the male population gets in this way is, to some extent, redressed by the higher mortality of male infants, which is almost universal.

When we turn to marriage we find that the number of bridegrooms (proportionate to the population) is appreciably greater than the number of brides, something like 620 per 1000 of the male inhabitants of England being married as against 520 females. In France the proportions are 603 and 542, in Scotland 582 and 453. While it is a tribute to the domestic character of Englishmen, or the superior attractions of Englishwomen, to find that there are a larger number of married men in England than in any other country, the number of married women in England is greater than anywhere else, with the exception of France.

The average duration of marriages is stated to be thirty years in Russia, twenty-seven years in England, and less than this in every other country whose statistics in this respect have been collected. The record for long durations of marriages is apparently held by Aggerhus, in Norway, where an enumeration of the inhabitants showed that 160 couples had been married for over eighty years. Some people seem so fond of married life that they have legally contracted marriage several times; one man, who died at Bordeaux, aged 121, was married no fewer than sixteen times; while a Scotchwoman,

[3]Condensed for *Public Opinion* from *Happy Thought.*

who died at the advanced age of 106, had survived thirteen husbands.

The average age at which women marry is about twenty-six in England, twenty-seven in Prussia and Norway, twenty-eight in Belgium, Holland and Sweden, and as low as twenty-one in Russia. Out of every 1,000 who marry for the first time, nineteen are over fifty in England, while only nine in Scotland exceed that age. Russia is prominent in its liking for younger brides, since only six out of 1,000 exceed the age of fifty, and no fewer than 573 per 1,000 marry before reaching the age of twenty. We do not find mentioned the greatest age at which a woman has married for the first time, and we are not quite sure, even if a record existed, that its accuracy could be entirely relied upon. We have at least one record of a bridegroom who completed, not indeed his first, but his tenth marriage, at the age of ninety-nine, and attained the very respectable age of 110.

It seems to be well established that men only attain to the utmost extremes of longevity, although more women than men become old. It would almost seem that for the first half of a man's life, an active, even a fatiguing life, is conducive to length of years, provided that it be followed by a life that is peaceful and uniform. No instance is on record of an idler having attained to a remarkable age.

Charles Babbage, the celebrated inventor of the calculating machine, made the collection of the records of 1,751 centenarians, of whom 1,278 died before reaching the age of 110; 330 died between the ages of 110 and 120; 99 between 120 and 130; 32 between the ages of 130 and 140; and the remaining twelve before reaching the age of 150. The chances of surviving beyond 150 are extremely remote, although a few cases are recorded, three of them even being credited with having passed the age of 170, but too much reliance must not be placed upon such statements. Some statistics compiled about a generation ago show that out of 10,000 persons buried in London, thirty-six had reached to ninety and two to 100 years. In England, generally, eighty-nine were nonagenarians and four passed their century; while in Cornwall 137 lived to be more than ninety, and six exceeded the 100 years; and Wales recorded 211 whose age was more than ninety years, and thirteen centenarians; so that Cornwall and Wales are evidently the locality of the ancient Britons.

A Case of Santonin Poisoning.[1]

Not long ago I was called to see a child two and a half years old, in a condition of stupor, pupils widely dilated, with complete amaurosis. The surface of the body was extremely pale and cold and bathed in cold sweat. From time to time slight convulsive movements would pass over the body and slight trismus was noticed. The pulse was 140, small and thready. The temperature slightly sub-normal. The respiration was shallow and hurried and at times sighing.

The mother said that the child had eaten a whole boxful of "worm medicine" some three hours before, and she had become alarmed because the child began to stagger about, and finally became blind. I had a box of the medicine sent for and found it to be the regular one-half grain troches of white santonin with sugar. A full box contained twelve troches, so that the child had eaten no less than six grains of the drug.

After emptying the stomach and stimulating, the bowels were emptied by oil and enemata. In the course of two or three hours the amaurosis gradually disappeared and the child began to pass enormous quantities of highly colored urine (a brilliant yellow), which, on standing, threw down a fine yellow deposit.

The stupor continued for four or five hours, and the tremor and mydriasis persisted for two days. The conjunctiva and skin were colored yellow by the following morning, and this, with the yellow urine was observed for almost a week, during which time the child continued in a highly nervous state, and on one occasion had several mild convulsive seizures.

Santonin is frequently used and often dispensed without a physician's prescription. Schmidt, in the *Deutsche Klinik*,

[1] Dr. J. Lee Hagadorn, before the Los Angeles County Medical Association, in *South California Practitioner*.

and Lohrman in the *Wurtemberg Corr. Blatt*, report cases, the former a child poisoned by six grains and the latter an adult who exhibited grave toxic symptoms after taking four grains. Neither of these cases proved fatal. Linston, however, tells of a case in a child of ten, where death ensued after a dose of two and one-half drachms was taken. Grimm reports a case of a child of four and a half years who died after the ingestion of a little over five grains. The dose of santonin is given as from two to four grains for the adult, and one-half to two grains for children. The white santonin is said to be more poisonous than the yellow. There is no known physiologic antidote.

Recovery From Unilateral Optic Neuritis.[5]

Anna R., aged fifteen, was first seen May, 1895, when glasses were ordered for compound hypermetropic astigmatism O. D. $+2.00 = +1.00^{c}$ 60° V. = 6-VII½. O. S. $+1.25 = +0.75^{c}$ 75° 6-VI? The ophthalmoscope showed at this time partial atrophic pallor of optic nerves from macular lesions, almost symmetrically placed and exposing glistening sclera.

The present attack being June, 1896, when, after an attack of sore throat with fever, of a few days' duration, she noticed a dense fog before left eye, which rapidly increased until seen, July 9, 1896. There was dull headache and ocular fatigue. O. D. V. 6-VII½ O. S. 6-XIX small print read with O. D. but large type (D.= 1.50) scarcely read with O. S. and rapidly fading. Absolute scotoma (central) was found. No peripheral contraction for form or color.

Ophthalmoscope showed typical picture of neuro-retinitis limited to lower half of disc and extending into lower nasal-retinal field. Arteries almost empty, veins engorged and tortuous. Pressure on ball caused no pulsation and entirely emptied the retinal vessels. Several small retinal hemorrhages near the disc with degenerative changes in the edematous area completed the picture.

The right fundus oculi showed no alteration from the previous condition, noted in 1895. There was absolutely no family history pointing to syphilis. She had never suffered from rheumatism, nor has there been any menstrual disturbance. Under treatment by potassium iodide, vision is now (three months) O. S. 6-VI?? D. = 0.50 ctm., easily read and no scotoma exists, either for form or color.

The optic nerve, however, shows marked atrophic pallor. The arteries are still smaller than normal, and there is some vascular formation pushing forward from retina into the vitreous at the side of the neuro-retinal lesion. A drawing of the fundus at the time of the neuritis, together with a chart showing the central scotoma, was shown with the case.

Two Practical Points About the Corneal Reflex.[6]

The small, bright image of the lamp-flame reflected from the cornea, when the ophthalmoscope is used, and formed by rays reflected from about the sight-hole of the mirror to the eye and from the cornea back through the sight-hole, is always seen in the direction of the center of curvature of the cornea. Hence, as the surgeon's eye is moved, or the patient's eye is rotated, the corneal reflex appears to move across the pupil exactly as would an opacity situated at the center of curvature of the cornea; that is, at a point usually about one-half millimeter behind the posterior pole of the lens. The comparison of the relative rate of apparent movement of opacities, situated in this portion of the eye, with the movement of the corneal reflex across the pupil, determines very accurately the depth of such opacities behind the summit of the cornea; since the curvature of the cornea, the length of its radius of curvature, is readily measured with the ophthalmometer.

In the usual ophthalmoscopic examination by the direct method, the corneal reflex causes a circle of diffusion on the surgeon's retina, which interferes with the success of the examination, if the pupil is small. Since the size of this circle of diffusion depends directly on the size of the sight-hole in the mirror, by making the sight-hole small the examination is facilitated. A sight-hole two millimeters or less in diameter was recommended.

[5] Dr. John F. Carpenter, Jr., before Philadelphia College of Physicians and Surgeons.

[6] Dr. Edward Jackson, before the Philadelphia College of Physicians and Surgeons.

TRANSLATIONS.*

Music in Therapeutics.

Dr. Bestschinsky (*Fjenedelnik*, January, 1896,) reports a case of a favorable influence of music on a three-year-old-baby, who fell suddenly from bed with the appearance of a fit. Called at once, the author found the child shaking violently. The mother told him that the child had been affected with "night fears" for a long time. The author prescribed sodium bromid. Despite this treatment the fits of fear existed every night, and sometimes twice in the same night. Then the author told the mother to play for the child a valse of Chopin whenever the attack came on. The choice of the music is very important; the author thinks that only music of a melancholy nature gives good results. The child slept all night without awakening once. Encouraged by this psychic action, the author advised the mother to continue this every night. Some days later the music was stopped and the fits came back again. The treatment was renewed and calm ensued. Eventually the mother was able to discontinue the playing, the child being able to sleep without any music after one month.

Malaria in Children.

Dr. Feuchtwanger (*Therapeut. Monatschr.*, July, 1896), who practiced medicine in Palestine for five years, where malaria is endemic, tried to administer the succedanea of quinine (methyl blue, nitrate of potassium, etc.,) but was always obliged to go back to quinine. In children the author employs quinine bisulfate, which is more efficacious than the sulfate. He gives as many decigrams (gr. ij) as the child is years in age, or as many milligrams (gr. $\frac{1}{10}$) as the child is months old. In children under two months, instead of internal use of quinine, the author orders friction with a pomade of two grm. (gr. xxx) of quinine bisulf. to forty grm. (℥jss) of axungum. This is rubbed under the arms and in the groins. The effect is exactly the same as that of internal administration of quinine, although the absorption of quinine through the skin is denied by some authors. In nurslings of three to eight months the author uses suppositories—three a day—but the dose of quinine in suppositories must be twice as great as by the mouth. Sometimes the suppositories provoke tenesmus of the rectum; then enemata of quinine—three a day—should be used. Quinine in suppositories or in enemata has the same action as its internal use.

In neuralgias of malarial origin the author substitutes the bisulfate for valerianate of quinine. In two cases of pernicious malaria with coma, vomiting, hemoglobinuria, both in ten-year-old children, he obtained great success with subcutaneous injections of chlorhydr. of quinine. After the third injection of 0.50 (gr. x) the hemoglobinuria ceased. Ice used internally was very efficacious for vomiting, and baths of 27° C. for hyperpyrexia; three days later he came back to the suppositories, and the children were saved. The malarial cachexia of one child was combated by tonics (iron, arsenic, decoction of cinchona). In order to avoid the return of attacks of fever, the author continues to give quinine during several days and prescribes a decoction of quinine with tinctura heliotropi and small quantity of ac. muriat. dilutum. Often this treatment fails and the cachexia continues to make progress. The author has then recourse to arsenic. He gives a mixture of two gm. (gr. xxx) of a solution of potassium arseniate with eight gm. (℥ij) of tinctura mal. ferri. To a child of three years he gives five drops of this mixture three times daily, and increases one drop every day until the patient takes forty-five drops in three doses, after which he decreases progressively to fifteen drops daily.

The treatment with arsenic is contraindicated in cases of stomach troubles; then change of scene is very favorable. In children of eight to fifteen years of age Dr. Feuchtwanger employs with great success pills containing chlorh. quinine, ac. arseniosum, and ferrum redactum.

*Translated for THE REPORTER by Dr. Alfred Gordon.

Trional and Sulfonal.

Dr. Von Mering (*Therap. Monatschr.*, April 21, 1896) considers trional to be an hypnotic of first degree. The inconveniences observed in using sulfonal are not observed with trional. Trional must not be used every day; it is advisable to alternate it with other hypnotics, as chloral hydrate, amyl, etc. The daily dose is one gm. (gr. xv), but it can be increased to 1.25 (gr. xx) in order to obtain a better effect. The necessity to increase the dose to two gm. (gr. xxx) very seldom occurs, but it is useful to substitute it sometimes for other hypnotics.

Hereditary Myxedema Treated With Thyroid Gland.

Dr. Simon (*Le Bulletin Méd.*) reports a case of myxedema in a five-year-old child, which was greatly ameliorated by using the thyroid gland. The weight of the child did not overpass ten kilograms. The swelling of the face disappeared under the influence of the treatment, it became of a healthy color and the movements of the whole body were more lively. The digestive functions became more active and the circumference of the body became greater.

Chlorosis Treated With Ovarin.

The ovary (*Etienne. Gazette Méd.*, 1896) physiologically considered has three purposes:

(*a*) It is considered as a gland of external secretion (ovulum).

(*b*) A gland for eliminating with the menstrual blood the organic toxins.

(*c*) A gland with an internal secretion, like the testicle of men.

The last property is of immense importance in the general nutrition. If chlorosis is a disease of the ovaries, the three functions are modified in the course of the disease. The disarrangement of menstruation and ovulation engender this special intoxication, which is called chlorosis. Consequently, if the organism is given the products of the internal ovarian secretion, the intoxication can be stopped and the general health improved. With this purpose the author administered the ovarian products to six patients affected with chlorosis. Despite some trouble of digestive organs caused by this treatment in the beginning, the ultimate results were very favorable. The general health was improved, the paleness decreased and the number of blood corpuscles increased. The former amenorrhea was overcome. The author believes that this treatment is a very reasonable one, because it facilitates the elimination of toxins and introduces into the body an antitoxic principle which acts favorably on the whole organism.

In a book of travels written by a Mr. Barrow we find this interesting bit of information. A Hottentot was seen to apply the short end of his wooden tobacco-pipe to the mouth of a snake when the reptile was darting out its tongue. Death was instantaneous, the effect almost like an electric shock; with a convulsive motion that lasted only for a moment the snake half untwisted itself, and then became still. And upon examination the muscles were found to be so contracted that the snake felt as hard as if it had been dried in the sun.—*Harper's Round Table.*

The Ohio Medical College, now a department of the University of Cincinnati, finds itself in a predicament over the color-line. Because of its large number of Southern students colored men have never been permitted to matriculate. Now that it is a portion of the University it is probable that the State law will compel it to make no distinction upon the basis of color of skin. A case in point has arisen, and the result will be interesting.

One of the bills to be introduced at the coming session of the Illinois State Legislature, will be a measure granting the same immunity to doctors in legal proceedings as is now extended to members of the bar and to religious advisers. Considerable data concerning the privileges accorded the members of the medical profession in this particular in other States and in foreign countries have been collected, and the fate of the bill will be followed with interest by the profession throughout the country.—*American Medico Surgical Bulletin.*

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PHILADELPHIA, SATURDAY, JANUARY 30, 1897.

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Subscriptions to the REPORTER are payable in advance, and the season being at hand when renewals are most frequent, the publishers request each subscriber to examine the address printed upon the wrapper in which the journal is mailed. The date printed with the address is that TO which the subscription is paid. The subscriber will see at a glance the status of his account. Formal acknowledgment is made of every remittance as received, and the date upon the wrapper is revised accordingly. If not properly altered within three weeks, subscribers are requested to notify us of the oversight in order to prevent subsequent mistakes. Delinquent subscribers will learn the date since which their accounts are in arrears.

EDITORIAL.

EDITORIAL COMMENT ON DRUGS AND BOOKS.

The materia medica of present use is becoming more and more largely one of proprietary preparations. Thus, the ethical physician, and more particularly the editor, who is responsible not only to his own conscience but to the readers of his journal, is often placed in a dilemma in being forced to choose between what may seem like interested favoritism toward some private enterprise and what may be construed as indifference to medical progress. Glancing through a resumé of new drugs, one will scarcely find one out of ten to be genuinely new or worthy of consideration. Under attractive and misleading

names, all sorts of combinations have been introduced which the physician ought to be able to prescribe extemporaneously, if they are needed at all, and whose only object is a commercial one. Again, synthetic chemistry has been called upon to furnish for the market combinations—one might almost say permutations—of radicles, so that this part of our materia medica has been rendered needlessly complex and has taxed to the utmost the powers of memory, since, in few cases, have the self-explanatory chemical names been retained.

A due measure of conservatism is necessary in choosing among the many new applicants for favor and in discarding old and tried therapeutic aids. On the other hand, we may trust somewhat to *a priori* reasoning from well established chemical laws. For example, in the case of salol we have a useful antiseptic, but one which always demands some caution on account of the carbolic acid radicle which it yields on decomposition within the body. A similar combination, in which a safe radicle is substituted for phenol, may be tried, even for the first time, with much confidence. In general, our plan should be to understand thoroughly the action of a chemical, its valuable and its detrimental effects. We should then experiment cautiously with substitutes, which bid fair to retain the good and to abandon the evil, and having once found a superior substitute for an old drug, the latter should be discarded so soon as possible, at least from our individual materia medica.

Many medical journals appear to exist largely for the sake of introducing new drugs to the attention of their subscribers, and too often the editorial pen seems to be pushed by the manufacturers of proprietary preparations. We note a change of policy in a much esteemed exchange which points toward a use of its reading pages subservient to the interests of advertisers. It is obvious to any thinking man that no magazine, least of all one devoted to medicine or other science and limited in its possible circulation to a small part of the community, can be self-supporting from subscriptions alone. But we believe that the advertising and the reading pages of a magazine should be separately conducted and that reference from either to the other department should be infrequent and justified only by some special circumstance.

Still, it has always been the policy of the REPORTER to exercise a reasonable degree of supervision over the advertisements presented to its readers, and we believe that simple justice demands that credit should be given to the introducer of a therapeutic improvement, whether he be physician, chemist, or pharmacist and whether his connection with the new drug is professional or commercial. But we also believe that in attempting to follow the dictates of fair play, we have never disgusted our readers with fulsome recommendations of proprietary medicines nor attempted to convert them to the idea that one particular drug house was the only one that could or would prepare honest and accurate medicines.

Analogous to the relation between editor and pharmacist is that which exists between the former and the publisher. Yet, in this case, whatever favor or disfavor is shown to the publisher also pertains to the author. It is often the case that the makers of a book expect something more than candid treatment at the hands of a reviewer. We can sympathize with the author whose work is unfavorably received by the journals to which he has sent copies for review. He has spent much time in the fatiguing work of compiling, experimenting and writing, and too often

he has spent years of anxious and exasperating effort in inducing a publisher to accept his manuscript or in obtaining the capital in order to put his venture before the medical public. Under the most favorable circumstances it is the publisher and not himself that will reap most of the harvest, while a few unfavorable reviews may nullify the labor of years and overcome him, not only with chagrin, but with financial disaster. Even in the case of the most fortunate author, so well known that the most trite sayings or the baldest appropriation of the discoveries of others will be accredited to his own researches and with classes of students who will be practically forced to purchase his book, an unfavorable verdict by the medical press is discomfiting.

Sometimes the publisher or author assumes that in sending a book for review he has practically paid for an advertisement. We concede the value of a favorable review from this standpoint, but would call attention to the fact that the price of the book is only a small fraction of the advertising rate for the space usually occupied. Thus, even from the business standpoint, we believe that the publisher and author are bound to accept, without complaint, the verdict of the reviewer if unfavorable, while it needs no argument to establish the fact that the space given to books would degenerate into a cheap advertising column, and that the influence of a favorable opinion would be vitiated if the reviewer felt himself compelled to a one-sided consideration of every book that came to his desk.

In short, the relation of a journal to every commodity mentioned by its editorial staff—and so far as possible, by independent contributors—should be a thoroughly impartial one, even in the expression of favor or disfavor, the sole duty of the editor being to the best interests of the majority of the profession whom he represents.

CORRESPONDENCE.

VERATRUM VIRIDE IN UREMIC CONVULSIONS.

EDITOR REPORTER:—The use of veratrum viride has given me such uniform good results in puerperal convulsions that I plead for a more extensive trial of it by the profession at large.

We are justified in assuming, so far as our present knowledge goes, that the cause of the convulsions is a poison in the blood, which by its action on the nerve-centres, excites violent perversive movements. The proper procedure then is to promote the elimination of this toxin and stop the convulsions. Veratrum viride possesses this eliminative quality, and, if properly administered, will yield the desired result.

The causes of puerperal eclampsia and uremic convulsions are apparently identical, the retention or accumulation in the blood of a toxic element supposed to be *urea*, irritating the cerebral centres. Naturally then the necessary thing to do first in a case of uremic convulsions is to promote the elimination of this poison; for every convulsion prevented adds that much to the patient's chance for recovery.

During the past five years, having satisfied myself as to the diagnosis, I have administered without delay in cases of uremic convulsions, from fifteen to twenty drops of Norwood's tincture of veratrum viride, hypodermatically, repeating the injection in a half-hour if necessary, injecting then only ten to twelve drops as the conditions indicated,

remaining with the patient and watching closely the effect, trying to steady the pulse at between sixty and seventy beats per minute. The physiologic action of the drug usually excited vomiting. This did no harm, incidentally aiding as an avenue of elimination.

Having controlled the convulsions with veratrum, I promoted a profuse sweating by the hypodermatic use of pilocarpin hydrochlorate in one-fifth grain doses, if not contra-indicated. By this time several hours would have passed, and the veratrum was being eliminated by the kidneys and, possibly, by a little purging. Free diaphoresis was established. The kidneys were active. The stomach being irritable, I further promoted diuresis by poultices over the loins. A single hypodermatic of veratrum occasionally did not disturb the stomach.

It is desired to impress the following deductions: The advantage of veratrum viride over morphia is, that it does not lock up the secretions, and is not contra-indicated in any form of kidney disease. In convulsions, morphin eliminates only by diaphoresis; veratrum eliminates by diaphoresis, emesis, diuresis and catharsis. Its advantage over chloral is that it is more rapid in action, and is not a heart depressant. Chloral is only palliative; veratrum is eliminative and sedative. The same must be said of chloroform. The benefits of veratrum viride are many; it is an old, reliable remedy, and possesses many virtues.

A. F. MYERS, M.D.

BLOOMING GLEN, PA., December 28, 1896.

ABSTRACTS.

THE EYE, THE EAR, AND THE COMMON WEAL OF WHITES AND BLACKS.*

It is surprising that a subject of such vast and vital importance to the intellectual development and economic progress and prosperity of the individual and of the community, as the maintenance of the integrity of the eye and ear should be so little understood and so generally neglected. The universal neglect of these organs is painfully apparent in their obvious degeneration from primitive conditions, in the increasing blindness and deafness, and in the prevailing ignorance concerning their present condition and the power of vision and of hearing the normal eye and ear should possess. (The normal eye is capable of distinguishing a capital letter three-eighths of an inch in height at a distance of six meters, and one three and one-half inches in height at sixty meters).

Systematic, periodic and accurate examinations of the eye and ear will be found invaluable in discovering defects impossible to remedy in later life, in correcting erroneous and disastrous opinions as to the intellectual capacity of children, in remedying sympathetic complaints resulting from visual or aural defects, and in detecting eye strain or excessive abnormal inerration of the eye muscles which Dr. Chalmer Prentice asserts "depletes the nerve-centers and gives rise to brain irritation, altering the disposition and forcibly changing the character of the person affected."

As visual and aural defects increase they are mistaken for dullness and stupidity. Desultory and independent examinations by individuals and school boards, acting upon their own suggestion, continue to be made, bringing to light and demonstrating to the thinking public the necessity for regular, competent and systematic examinations, but strange to relate, no State board of education or of health has directed any such examination, nor has the subject yet been seriously considered in any

* A paper read before the Anthropological Society of Washington, D. C., by George R. Stetson, and condensed for *Public Opinion*.

National council of education held in the United States. Sweden ordered systematic observations in 1878; Germany, in 1884, and more or less extensive examinations have been made in Italy, Russia, Hungary, Roumania and Buenos Ayres. The statistics of examinations in this country fail to be of any great value for general or comparative purposes owing to the absence of uniformity in the methods employed in testing, of periodical examinations, and in the ages of those examined.

The Washington examination made of 500 white and 500 black children, of the average ages of eleven and 12.56 years, was conducted by Drs. Belt, ophthalmologist, and Eliot, otologist, both well-known specialists. The results obtained are somewhat surprising, as they show very slight racial differences. The visual defects were 3.46 per cent. greater in the blacks, while the aural defects were equally divided. The variation in the sight and hearing of the right and left eye and ear was very slight in either race. The maximum percentage of defective eyes of both races was found in the white female, and in this race the female eye and ear are both the most defective. In the blacks, the female has the most defective eye and the male the most defective ear. Of the black defectives but 66 per cent. could be classed as dark, although the darkest to be found in the schools; negroes of absolutely pure blood are, however, now rarely found in the large centers of our population. Of the 1,000 eyes of the whites, but 16.60 per cent. were sub-normal, and of the ears, but 19.50 per cent. Of the 1,000 eyes of the blacks, 20.6 per cent. were subnormal, and of the ears, 19.3 per cent. It is highly probable that the comparative noiselessness of the Washington streets and the quiet surroundings of the school-houses will, in a measure, account for the small number of aural defects.

Perhaps the most important and convincing evidence of the humanitarian and economic importance of these examinations will be found in the ignorance of and indifference to these organic defects developed by the Washington inquiry, especially in the lower classes of society. Among the blacks it was found that of all the eyes classed as "extremely defective," "very defective," and "defective," 43 per cent. were unknown either to parent, teacher, or scholar; and of the "extremely defective," or those having but one-tenth normal vision, 22.50 per cent. were likewise unknown. Of all the "defective" ears of the blacks, 57 per cent. were "unknown," and of those having less than one-third normal hearing, 55 per cent. were unknown to parents, teachers, or scholars. Among the whites the record is better, 34.28 per cent. of all the "defective" eyes being similarly unknown, and but one per cent. of the "very defective"; while less than two per cent. of all the "defective" ears were "unknown."

An unfortunate result of this neglect and indifference is that these defects seriously embarrass and impair the intellectual standing and capacity of the pupil. Dr. Bezold, of Munich, asserts that "we are *a priori* justified in assuming that even a partial defect in hearing will find expression somehow in the mental development of the affected persons." Of 50,000 children examined by Dr. Francis Warner, F.R.C.P., 1892-1894, the percentage of those having developmental defect in the cranium, eye, ear, and physique, who were mentally "dull," was 38.4 per cent. of the boys and 44.9 per cent. of the girls. As before suggested, the differences in the age, in the admixture of blood, the physical conditions, and the personal environment of the negro race, render a comparison of the few statistics obtained extremely liable to error. As a race much nearer the primitive condition than our own, it would, like the Indian, have retained its powers of eyesight and hearing, in a much higher degree, if it could have maintained its purity. Some eye affections are of such a positively infectious, dangerous, and contagious character that the school and the community at large should be protected from them by adequate supervision under the law.

Sight is, *par excellence*, the intellectual sense, and a disease [myopia] which so seriously threatens its existence, has naturally excited among thinking men, and especially in the ranks of European educators, great interest and alarm. It

has been conclusively shown that myopia is a progressive disease, and that in the language of Donders, "a myopic eye, is absolutely a diseased eye;" and that the period of its beginning is in the early years of the school life. In the opinion of Dr. Cohn, and others, the prevalence of myopia in the schools is due to heredity, defective hygiene, bad light, the protracted use of the eyes at too short distances, bad air, badly printed books, the use of the black slate in preference to paper, the method of writing, long hours, bad desks, necessitating vicious positions, bad health, too early and too persistent use of the eyes, etc. While myopia has not yet acquired the stronghold here which it has in European countries, it is unquestionably increasing among us. The entire neglect on the part of State officers to whom are intrusted the supervision of our educational matters, to make any effort to conserve, cultivate, or to improve in the masses, the faculties of sight and hearing is a national misfortune; the obvious and natural result of the individual ignorance and indifference now prevailing.

Sufficient attention has not been given to the fact that the eye and the ear can be trained and educated with the other faculties. "All normal eyes," asserts Dr. Trifaud, of the French Army, "are capable of acquiring greater delicacy of perception by exercise." Brundell Carter in his recent report to the British education department, holds that the prevalence of sub-normal vision is due to the fact that children so rarely are required to look at distant objects. We may not expect to reach the primitive efficiency of our sight and hearing, but like all the other organs of the body, the eye and the ear can acquire greater perfection by the judicious exercise of their functions, or become atrophied by neglect, or lost by abuse. In a very few lessons the teachers can be taught to make the eye and ear tests; of the eye, by typographic scales, of the ear, by the watch or voice. When defects are discovered one expert medical officer can attend to a large number of cases. Without this examination no child of any class or condition should be permitted to enter upon, or continue the school life.

POST-PARTUM HEMORRHAGE AND ITS TREATMENT.*

The arrest of post-partum hemorrhage seems to be a physical question more than anything else—simply a matter of applying a little pressure. If the uterine fibre could only exert a little contractile force it could easily overcome the pressure inside the blood-vessels and bring about the desired result. If the pressure could be lessened inside the blood-vessels well and good, and if not with a little increase on the outer side all would be well. Obviously in compressing the aorta at a point above the origin of the ovarian arteries we shut off so many important vessels that it is practically stopping the blood-supply to half of the human frame, besides which there would always be the unpleasant reflection that regurgitation might be going on from the vena cava. Why not then apply pressure on the vessels which supply the uterus near the point where they enter that viscus?

In Leishman's treatise on midwifery the application of pressure outside the vessels by plugging the uterus is only spoken of to be condemned. Others have condemned it because there would be no counter-pressure as the uterine walls would relax, but if this is the only cause of failure, why not apply a little counter-pressure, thereby giving a little assistance to the uterine wall, and why not at the same time apply pressure to the uterine and ovarian arteries and so also close the corresponding veins, thus meeting the great question of regurgitation? The application of external pressure by the use of styptics is spoken of by Leishman as of the greatest value; but also as of great danger, and only to be tried when other means fail.

The method which I adopt in cases of

*Thomas Laird, M.B., C.M.Glasg., in *The Lancet*.

hemorrhage is to pass the right hand into the womb in the usual way after being carefully disinfected, and, if there are no clots or any other obstacle which should be removed, to close it, and with the left hand compress the uterine and ovarian arteries against it on either side, the fingers grasping the left side and the thumb the right side. After remaining thus for a few minutes, should bleeding not then be fully controlled, the work can be done more completely by introducing a powerful styptic on cotton wool or sponge held in the palm of the hand and occasionally squeezing it, sending the liquid through the fingers, etc., and turning the hand slightly round in either direction or both, causing it to come really against and smearing the uterine tissue.

Supposing a quantity great enough cannot be introduced in this manner the object may be gained by introducing the nozzle of an ordinary syringe as before in the palm of the hand, when an assistant can from time to time inject a fresh quantity of the required liquid, which can be applied as above. All this may be done without ever removing to any appreciable degree the pressure of the hand from the outside of the blood vessels, provided, of course, the sponge or syringe is introduced at first. The pressure on the arteries may be applied probably with better effect by pressing the vessels of the right side against the pelvic wall with the closed fist inside the uterus, thus setting the whole of the left hand free to compress those of the left side against the closed hand.

Should the operation be prolonged the left hand will become tired and will require help from an assistant; any person, skilled or otherwise, can easily render this assistance by simply applying the hand over that of the practitioner, or if the patient lies on her left side the assistant nurse, midwife or other may kneel on the bed and with the knee as a support apply effectual aid with either hand, or both. Aid to the left hand may also be obtained by supporting it against the left pelvic wall.

The method of occluding both sets of blood-vessels (those of both sides) by pressing the uterus against either pelvic wall has been considered but this I have never tried and so cannot say whether it may be effectual or not. The desire to know what is taking place inside is, and perhaps I might say should be, too great to allow of one simply pressing outside and waiting at haphazard or, at least, with the mind full of uncertainty. This I claim as one of the great advantages of this plan; not a moment passes without a full knowledge of all that transpires, the hand inside can tell all—whether the bleeding abates or increases whether the womb shows signs of contracting, and even a knowledge of the seat of most bleeding may be gained, though I am not aware that this is of much advantage save in so far as a more correct application of the astringent is concerned.

Mr. E. Stanmore Bishop suggests the case of a person's leg cut off with a saw as being parallel to the bleeding surface of the womb, and so no doubt it is in the sense in which he applies it, but with his permission I beg to point out a few things in which the analogy does not hold. Thus the cut surface of the leg is practically a plane surface and fairly rigid; the bleeding surface of the womb is hollow and very flaccid. The muscles of the leg lie practically in one direction, and when in action pull in one direction; the muscular fibres of the womb are arranged very differently, and when in action the direction of the forces is equally different. The function of the muscles of the leg cannot be said to be that of closing blood-vessels, at least to any extent; but one of the functions of the uterine muscle is to close the vessels. The large vessels of the leg are straight in their course and are cut at the bleeding surface, whereas those of the womb are tortuous and elongated, are not of equal magnitude, and are torn at the bleeding surface. Regurgitation from the veins of the cut stump is relatively not of so much importance as the arterial bleeding. Regurgitation from the veins of the bleeding womb is of great import and, according to some authorities, is the real danger. I quite agree with Mr. Bishop that it would be ridiculous to apply styptics to the bleeding extremity of the leg while the great artery presented itself inviting pressure, but the application of styptics to the uterine surface is an entirely different matter.

SOCIETY REPORTS.

MONTGOMERY COUNTY MEDICAL SOCIETY.

Meeting held at Norristown, Pa., October 21, 1896. The following preamble and resolution was submitted to the members of the society:

WHEREAS: We the Inter-County Medical Association of the State of Pennsylvania, in convention assembled, being duly qualified members of the medical profession, and possessed of all the rights, privileges and responsibilities of medical men under the laws of the State of Pennsylvania, and

WHEREAS: We are ever mindful of the grave responsibilities we are daily called upon to assume; responsibilities involving self-sacrifice, secrecy, skill and integrity, and fully realizing that our conscientious efforts should be directed toward the prevention as well as to the cure of disease, and

WHEREAS: We realize that our zealous efforts toward the prevention of disease are of ten fold greater value to the State than our best efforts to cure, and

WHEREAS: It is plainly manifest that through our co-operation with the State and local boards of health, charity-hospitals, free dispensaries, etc., our annual incomes have been reduced probably thirty-three per cent, and

WHEREAS: We believe that while we are zealously working for the welfare of our State and our fellow-beings we should not be unmindful of nature's first law. Therefore, be it

Resolved: That we renew our earnest efforts in behalf of suffering humanity and especially the deserving poor.

Resolved: That we demand from the State full recognition for our services; and for all services rendered the State pecuniary compensation equal to our customary fees for similar services rendered individuals in our respective localities.

Resolved: That the paltry fee of twenty-five cents grudgingly offered us by the State for "successful" vaccination is an insult to our profession and we indignantly refuse to accept it.

Resolved: That we unqualifiedly endorse the sentiments so ably expressed by Dr. William S. Foster, Ex-President of the State Medical Association, in his address on "The Mutual Relations of the Profession and the State."

Resolved: That copies of these resolutions be forwarded to the Chester and Montgomery County Medical Societies and their endorsement and sympathetic action solicited.

(Signed)

F. W. HECKEL, *President.*
J. S. MOREY, JR., *Secretary.*

Committee:— F. D. EMACK, M. D.,
W. H. MOSTELLER, M.D.,
J. C. MEWHINNEY, M.D.

SPRING CITY, September 3, 1896.

DR. N. S. WYLIE.—Mr. President, I think this matter deserves recognition and investigation. I am told that in Pottstown the attendance of the sick poor is given out by contract to the lowest bidder and that there, recently, a contract was awarded requiring attendance upon the poor sick of the City, covering a period of six months, for the sum of $38. I have heard it said that the directors of the poor in this and in neighboring counties make it a boast that they have reduced the appropriation to so low a figure. I believe $250 is the munificent sum paid out for attendance, including medicine, for a territory covering Norristown, Bridgeport, and Mageestown. I submit that no physician can do justice to the sick poor in this district for any such paltry amount. I desire to protest against such narrow and niggardly policy. We have people here in Norristown who are righteously poor, the Lord's poor, (I do not speak of the Devil's poor, those who will be always poor), people who paid as long as they could, and until they had been reduced to low ebb by present depressed conditions. The directors presume in judging in this matter. I am willing to endorse this resolution. We are expected to contribute our share of the taxes out of which these appropriations are made and then to do the work for nothing. There is hardly a physician in Norristown who does not attend faithfully to a certain number of worthy, but indigent people, from whom he can expect no pecuniary compensation. This service is cheerfully given, but for one man to undertake to attend all the deserving poor in the territory named for the miserly stipend, which is allowed by the directors, would cut the ground from under his feet and impose upon his own family the necessitous circumstances which attend the footsteps of his patients. Mr. President, I move that a committee be appointed to draft a resolution endorsing this measure.

Motion was adopted.

Dr. Alfred W. Wilmarth read a paper entitled

HYPNOTISM.

See page 129.

Discussion.

Dr. Wolfe.—If I might make any criticism on Dr. Wilmarth's paper it would be that it deals too much with the abstruse. The subject of hypnotism, as generally discussed, does not seem to me to be brought down to the needs of the general practitioner. The very nature of hypnotism is such that in the course of its history it has been wrapped up in the mystical. The end to be aimed at is to disabuse the minds of the profession of the idea of the occult in hypnotism. Hypnotism should be studied just as one would a mustard plaster, from the point of view of cause and effect. We desire to investigate what material change takes place in the process, and it should be studied in the light of our later anatomy and physiology. I desire (if I may be allowed) to supplement Dr. Wilmarth's paper by a statement of the present status of the medical world on this subject.

The two schools which stand prominent in the line of investigations in hypnotic phenomena are the Salpetriére and Nancy, both French. Of the former, Charcot and his predecessors are held as teachers of authority. Of the latter, Bernheim occupies a similar position. These investigators, through much patient experiment and scientific research have brought the subject of hypnotism to the stage at which it is presenting itself to-day. They have recently put it on a scientific basis. Since the death of Charcot some new theories in nervous physiology have been developed. Charcot's views differ materially as to the nature of these phenomena from the German acceptance.

Charcot began his experiments in 1875 at the Salpetriére. Liebault, following him, differed somewhat in his theories respecting the hypnotic phenomena and methods of inducing them. Liebault began his study of the subject in 1878 at the schools of Nancy. The former claims that only hysterical subjects were amenable, and that the phenomena were, in their nature, more or less pathologic and presented a similarity to those of hysteria.

Bernheim, the exponent of the Nancy School claimed that all of the phenomena are due to the impressibility of the subject under the dominion of the operator, and as another point of difference claimed that hysterical subjects were the most difficult to influence. Heidenhain, a follower of the Nancy school, claimed that in 10,000 subjects picked at random, eighty per cent. were hypnotizable. He goes further and asserts that every one is hypnotizable with proper management; partially at the first attempt, more so at the second, and entirely after repeated trials.

I desire to call your attention to some of the later developments in physiology and anatomy, as perhaps throwing some light on this difficult subject, and as preliminary to a brief statement of the material causes of these phenomena. You are all familiar with the nature of nerve substance, which consists of nerve fibers and cells. The nerve fibers possess what is called the axis cylinder, which is simply a prolongation of a nerve-cell process. The nerve cells have other prolongations or processes, which may be called blind terminals, and which, as the name would indicate do not inosculate with other processes. It is quite conclusively proven that nearly all nerve action comes through the actual contact of nerve elements. The whole nervous system is thus made up of neurons, the neurons consisting of the cell with all its prolongations.

The nerve force acts through certain lines of transmission, owing to contact of the neurons. To the separation of these neurons may possibly be attributed the explanation of the phenomena of sleep, and kindred phenomena. During sleep the subject is amenable to peripheral impressions, to a degree, but less than when awake. Consciousness is in partial abeyance. The condition differs from that existing during waking hours only, in that the latter is a higher level of consciousness. Coma is not sleep. There are different degrees and grades between what is called consciousness, and absolute unconsciousness; we may have reflex actions during unconsciousness. During sleep, only the higher levels are in abeyance.

What is known regarding vaso-motor action, the neuron theory, and the phenomena of hypnotism should be studied in relation to each other. We might in that way succeed in explaining much that is now mysterious about this subject.

The time is approaching when a more rational conception of the difficult phenomena under discussion will obtain. I do not know that anything has been written or said connecting the phenomena of hypnotism, with the physiologic movements of the neuron. The term inhibition has been brought forward to convey the best explanation. The neuron theory will clear up a great deal in neuropathology.

There are three stages recognized in the hypnotic state: Catalepsy, lethargy and the somnambulistic stage, the one stage merging into the other. During the first stage, catalepsy, the pulse and respiration are increased. It is considered dangerous to have the subject remain in that state for any great length of time. The second, or stage of lethargy may exist for some time without danger to the patient. Here pulse and respiration are normal. The stage of somnambulism, is that during which the results may be obtained which it is desirable to effect. Suggestions given now will become post-hypnotic. They will be carried out after the subject awakes. According to Charcot, all the phenomena of hypnotism are found in hysterical disease and the pathology is similar. All hypnotizable persons are hysterical.

What can we do with hypnotism? We are able to do good and are in some danger of doing harm. The fact that we can do harm is no argument against its use by skilled opera-

tors. Powerful therapeutic measures can always be misapplied and do mischief. Hypnotism has its therapeutic use, and I think we are beginning to appreciate it. It may be used in the treatment of the alcohol, morphine and other drug habits and in various neuroses, in which no organic changes have taken place. In idiopathic epilepsy it has been successful, and in some of the symptoms occurring in connection with organic diseases. It may also be used in obstetric cases, although not likely soon to displace the anesthetics now in common use.

What harm can it do? We must know its physiologic action, just as that of any remedy. In some cases it may affect injuriously the respiratory muscles if the influence be carried too far. This refers especially to the somnambulistic stage. Induced too often, or extended for too long a period it may develop hysteria.

From the medico-legal aspect the subject is most interesting and important. I am inclined to believe that it is impossible to carry out suggestions leading to criminal practices. Character remains with the subject, and he weighs and reflects. Hypnosis is a burning question of the day. The fact that it has been abused by charlatans need not preclude its use by scientific operators. With more light, we shall be better prepared to judge it and give it its proper status. There should be legislation against its use by improper persons. The only proper person to apply it is the licensed physician.

DR. HUNSBERGER.—We are all more or less interested in anything mysterious. Hypnotism had been handed down by charlatans through many years before scientific men began its investigation. No one has written anything that would show it to be of value as a therapeutic measure. It has been shown that it will do harm. We are all more or less hypnotists. It is not a form of sleep, and has not the appearance of sleep, even in the lethargic stage. I call to mind a time, when what are called revivals among the people of a certain denomination took place in our section. Numerous cases occurred of the so-called cataleptic seizures, and men and women under the religious excitement were frequently, and under slight provocation, thrown into this condition, which apparently increased with the repetition of the stimulus. Hypnosis is a fad, and is passing away.

DR. DAVIS.—I do not know much about the subject, but have seen something of its manifestations. I saw a case in Pottstown, where a tooth was removed during the entire unconsciousness of the subject.

It seems to me it is a matter of the submission of the patient's will to the concentrated will of the operator.

DR CASE.—Our duty as physicians is to investigate the subject and take it out of the hands of charlatans. I cannot agree with Dr. Hunsberger.

DR. J. K. WEAVER.—I am surprised at the view expressed by Dr. Hunsberger. It seems to me that hypnotism is one of the questions of the day. As to the manner of its induction, as it appears to me, it is a case of the abeyance of all will power in the subject to the will of the operator. I think it capable of doing as much good as any one drug we have.

DR. MANN.—In the various exhibitions of hypnotic power, we hear much said of the concentration of mind on the part of the patient necessary to effect his being influenced. The great difficulty seems to be to get the subject to do that very thing. If a man has a crushed leg he is apt to think about that painful member, whether he be told to remove his attention from it or not.

DR. J. K. WEAVER.—Mr. Sage, the hypnotist, who is making a tour through the country, was recently in this town, and had at that time a man laid in an undertaker's office for forty-eight hours. I would like to ask Dr. Wolfe whether in such a case the secretory functions are suspended or in abeyance.

DR. WOLFE (in conclusion).—In reply to Dr. Hunsberger, I would say that so far as therapeutic efficacy of the hypnotic state is concerned such men as Charcot, Bernheim, Krafft-Ebing, Forel and Heidenhain are responsible authorities. It is not advised that the treatment should be pursued in an indiscriminate or wholesale manner. In migraine, epilepsy, and some of the other neuroses, as also the lightning pains of tabes, good results have been accomplished.

To Dr. Weaver's question, I would say, that while secretions might be much diminished, they are hardly suspended.

A vote of thanks to Dr. Wolfe for his interesting and instructive remarks was proposed and acted on.

Credit is due Dr. E. M. Houghton, of the Biological laboratory of Parke Davis & Co., for the details of manufacturing anti-diphtheritic serum, referred to in THE REPORTER in the recent article by Dr. C. C. Fite.

The abolition of hanging on the scaffold and the substitution of gas as a means of carrying out the law's dictum upon condemned criminals was favored by a special committee of the Allegheny County Medical Society, and they recommended the presentation of a bill to that effect to the Pennsylvania Legislature. This recommendation has aroused some comment in the medical circles of Philadelphia. While the opinions expressed are greatly at variance, there has been a general condemnation of the present death-dealing methods, and serious doubts are expressed as to whether the vexed problem of humanity meting out the death penalty can be solved by the substitution of gas for the trap-door, the noose or the electric chair, or any other method now in vogue.—*American Medico-Surgical Bulletin.*

COLLEGE OF PHYSICIANS OF PHILADELPHIA SECTION ON OPHTHALMOLOGY.

Meeting of the Ophthalmic Section of the College of Physicians of Philadelphia, October 20, 1896.

Dr. William F. Norris, President, in the chair.

Dr. John T. Carpenter, Jr., showed a case of

Recovery from Unilateral Optic Neuritis, Left Eye.

See page 142.

DISCUSSION.

DR. DE SCHWEINITZ described two cases of unilateral optic neuritis. The first occurred in a married woman of forty. The visual disturbances, beginning with a blur in the centre of the right field of vision, rapidly developed into a large scotoma, spreading out almost to the periphery of the visual field, so that within a short time acuity of vision was reduced to bare perception of light. Ophthalmoscopically, there was optic neuritis, the swelling being 3 D., and in the neighborhood of the papilla were a number of flame-shaped hemorrhages. This neuritis was attributed to rheumatism superinduced by wading in a brook when the patient was much overheated. Under the influence of free leeching, salicylate of sodium, and iodid of potassium, improvement rapidly began, and at the end of three months all ocular symptoms had disappeared. Eight years had elapsed since the occurrence of this neuritis without the reappearance of visual disturbances in either eye. Dr. de Schweinitz referred to his case as an exception to those described by Hirschberg, in which primary unilateral optic neuritis of one eye was followed sooner or later by an attack in the second eye.

The second case occurred in an unmarried woman, aged twenty-three, a type-setter by occupation, who presented on the right side a large central scotoma, extensive optic neuritis, and a star-shaped figure in the macula, somewhat resembling the appearance of albuminuric retinitis. Just prior to the attack of blindness, she had suffered from a severe right facial neuralgia attributed to a defective tooth. There was no history of general disease, and physical examination failed to reveal constitutional taint. Syphilis was not demonstrated, but the patient improved rapidly under ascending doses of iodide of potassium. At the end of three months vision was $\frac{6}{15}$, and the neuritis had largely disappeared. Since that date the patient had not been seen, and the subsequent history could not be given. The possibility that the affection was due to a metallic poison was referred to.

Dr. de Schweinitz also described a case of asymmetrical neuritis due to chlorosis of two years standing, with complete recovery under the influence of iron. The importance of recognizing anemia as a factor in the development of neuritis was referred to; also the danger of delaying the administration of iron, lest an anemic neuritis should be succeeded by a post-papillitic atrophy. As is usual in cases of optic neuritis, the refraction in all of these eyes was hypermetropic.

DR. G. ORAM RING.—You perhaps recollect two cases I reported at the May meeting of the Section,—one in a woman aged thirty. I at that time referred to the literature and to the work Dr. de Schweinitz had done up to the time of his last publication. The swelling in one case was five dioptries; in the other two and one-half; no macular changes; no retinal changes of any sort. They improved very rapidly under mercurial inunctions, vision in each case returning to normal.

DR. S. D. RISLEY mentioned two cases, both occurring in his private practice. The first was in a man aged sixty, without assignable cause. The swelling resembled the choking of the disc from cerebellar tumor. The veins were enormously dilated, the retina infiltrated, large hemorrhages in the macular region, and the most prominent part of the nerve + 6 D. In the second case, a young woman aged seventeen, the optic neuritis was apparently due to malarial infection, since the corpuscles of Lavernan were found in great abundance in the blood. She recovered with normal central vision, but one quadrant of the field remained blind. A third case with edema and infiltration of the retina is under treatment.

DR. WILLIAM THOMSON reported a case in a very old man whom he had treated for choroiditis disseminata. He ascribed the cause to a chronic and neglected iritis. Under proper nasal treatment and mercurial inunction, vision that had been greatly reduced was restored to its previous acuity.

DR. B. A. RANDALL recalled a similar case due to pyemia of the posterior ethmoidal cells.

DR. CHARLES A. OLIVER exhibited a case of

Probable Intraocular Growth in the First Stage of Development

in a fifty-six year old man, who, without history of traumatism or any dyscrasia, had complained of progressive and painless loss of sight in the left eye for the past eighteen months, this failure of vision being especially marked in the upper field. The eye was as quiet as its healthy fellow, the only noticeable difference upon close inspection being that its pupil was slightly larger and the iris a trifle sluggish.

Ophthalmoscopically there could be seen a localized, absolutely fixed detachment of the retina, which rose abruptly and almost verti-

cally on the temporal side, from the lower portion of the equator of the globe, and gradually shelved outwardly and downwardly from a somewhat flattened apex to a series of successive steps on the nasal side.

Excentric vision was reduced to $\frac{5}{15}$, and the field of vision showed a defect which corresponded with the supposed intraocular mass.

Although the intraocular condition remains apparently nearly the same at present as it did when the patient was first seen, yet, in spite of alteratives, the remaining field of vision has been slightly encroached upon from above. Intraocular tension has never risen, and there never has been any inflammatory reaction. Operation will be deferred until the time that the diagnosis becomes more certain.

DR. RANDALL showed a card specimen of an intraocular growth that presented the unusual feature of absence of retinal detachment.

DR. EDWARD JACKSON called attention to

Two Practical Points About the Corneal Reflex.

See page 142.

DISCUSSION.

DR. THOMSON had used for some years, for the purpose of securing a defined image of lesions of the fundus, instead of a round hole, a slit in the mirror nine or ten mm. long and one mm. wide, that he had found possessed decided advantages. Recently, however, he had substituted for it the Jackson mirror and testified to its great practical value.

DR. B. ALEX. RANDALL read a paper entitled

Rhinitis as a Factor in Phlyctenular Ophthalmia, with its Therapeutic Consequences.

Among the many causative factors in phlyctenular conjunctivitis and keratitis, inflammatory affections of the nose must not be ignored; for they can frequently be demonstrated to be of prime importance. In the great majority of cases, hyperemia and oversecretion of the nasal mucous membrane will be found more constant than eczema or any other of the more incidental accompaniments, and treatment limited to this alone will often bring a cure quicker than could be gained by any local measures without it. Elaborate apparatus and skill are uncalled for. Mere illumination of the nares will usually show the condition, and simple sprays of alkaline and of oily solutions can do much to relieve it. Calomel insufflation can be more valuable than in the conjunctiva, and instead of the iodine being a bar to its use, its combination with mopping the pharyngeal vault with iodine can be especially efficacious. The ophthalmologist must not neglect this field, which used to be his; and, unless he has some one at hand better prepared than himself to give it due care, should stand ready to study and treat in his patients these simpler nasal affections.

DISCUSSION.

DR. RING has, for nearly two years, referred nearly all cases of phlyctenular conjunctivitis treated in his clinic at the Episcopal Hospital, to the Throat and Nose Department for nasal treatment.

DR. RISLEY has been well satisfied with the results of rhinologic treatment of obstinate cases.

DR. DE SCHWEINITZ considers that in all these cases attention should be drawn to the condition of the nares. In his public clinics, when immediate nasal treatment was impracticable, he has sterilized the nose as well as the eye by the simple remedies that he kept on hand for the purpose, and the results had been the happiest.

DR. RISLEY presented a brief paper on

Defective Coquilles.

He stated that for many years he had denied these to his patients, ordering, instead, plane smoked glasses. His attention had recently been called to the importance of the defects of these coquille smoked glasses by a patient with hypermetropic astigmatism, whose asthenopia had been greatly aggravated by a pair of smoked coquilles, which proved to be sphero-cylinders, combined with a prism of one degree base up and out.

He then presented the results of the examination of a dozen pairs taken from the original package direct from the manufacturers.

The following are the results reported:

(1) R.—.25^s ⌒ Pr. 1° B. in.
L.—.37^s ⌒ Pr. 1° B. in.

(2) R.—.75^s ⌒ — .50^c axis 120° ⌒ Pr. 1°B. up.
L.—.50^s ⌒ — .37^c axis 135° ⌒ Pr. 75° B. up.

(3) R.—.25 ⌒ — .25^c axis 40°.
L.—.37^s — axis 110°.

(4) R. + .25 ⌒ + .25^c axis .70° ⌒ 1° Pr. B. in.
L. + .25^s ⌒ Pr. 1° B. in.

(5) R.—.25 ⌒ — .25^c 90° ⌒ Pr. 1½° B. out 1° Pr. B. up.
L.—.50^c axis 180° 1° Pr. B. up.

(6) R.—.37^s ⌒ Pr. 1° B. out ⌒ Pr. ½° B. down.
L.—.25^s ⌒ — .37^c axis .25 ⌒ Pr. 1. B 135°.

(7) R.—.25^s ⌒ Pr. ½° B. out.
L.—.50^c axis .90 ⌒ Pr. 1° B. 115°.

(8) R.—.25 ⌒ — .25^c axis .90°. Badly scarred line through center, axis 795°.
L.—.25^s ⌒ — .25^c axis 75° ⌒ Pr. 1° B. out.

(9) R.—.25^c axis .30°. Badly lined surface.
L.—.50^c axis .165° ⌒ Pr. ½° B. out.

(10) R.—.37^s ⌒ Pr. 75° B. out.
L.—.37^s Pr. 75° B. in.

(11) R.—.37^s
L.—.25^s

(12) R.—.37^s ⌒ Pr. 75° B. in.
L.—.25^s ⌒ Pr. 1° B. up.

He contended that such defects must of necessity be more or less injurious to all weak and inflamed eyes, and that therefore the coquille glasses as found in the shops should be abandoned in practice, and be substituted by the plane smoked glasses. Even with these

it was necessary to exercise care in ordering, to secure parallel surfaces, and thus avoid prismatic effects.

DISCUSSION.

DR. WILLIAM F. NORRIS has been so often annoyed by the unpleasant effects of the irregular refraction of coquilles, that he has discarded them and resorts to plane smoked glasses.

DR. RING has measured probably fifty coquilles and has found that without exception they were low minus cylinders.

PERISCOPE.

Formulæ.

A LOTION FOR THE ITCHING OF URTICARIA:

℞

Distilled water	450 parts.
Cherry-laurel water	50 parts.
Chloral (hydrate?)	5 parts.
Cocain hydrochlorid	3 parts.

Provence Médicale.

AN APPLICATION FOR VARICOSE ULCERS:

℞

Sodium chloride	10 parts.
Menthol	1 part.

After cleansing the ulcer this is to be dusted on. Under this treatment even perfectly atonic ulcers soon begin to granulate healthily, and then they may be treated with cauterization, skin-grafting, etc.—SIMONELLI, *Semaine Médicale.*

FOR DYSMENORRHEA WITH MENORRHAGIA:

℞

Tr. hydrastis canaden, } āā . grm. xv. (℥iv.)
Tr. viburnum prunifol, }

M. and Sig.—10 drops every two hours in sweetened water.—HUCHARD, *Medical News.*

FOR PHTHISIS PULMONALIS:

℞

Iodoform, } āā . . . . grm. v. (gr. lxxv.)
Cresote, }
Turpentine, } āā . . . grm. ii. (gr. xxx.)
Ac. benzoic, }
Powd. marshmallow, } āā. grm. vi. (℥iss.)
Magnesia, }

Make 100 pills; 4 to 10 a day.—LEGROUX, *Medical News.*

OINTMENT FOR PUSTULAR ACNE:

℞

Bismuth subnitrate,
White precipitate,
Ichthyol . . . . . each 2 parts.
Vaseline . . . . . 20 parts.

M. To be applied to the individual lesions.—*Revue Internationale de Médecine et de Chirurgie.*

FOR MIGRAINE:

℞

Antipyrin	50
Sparteïn sulf.	02
Caffein cit	10

Ft. Cht. No. 1.

Sig.—One every two hours, continuing after pain has disappeared with at least four.—CRITZMAN, *Presse Médicale.*

FOR RINGWORM OF SCALP:

℞

Corrosive sublimate	gr. x.
Peru balsam	℥iij.
Oil of lavender	℥i.
Alcohol	q.s. ad ℥i.

This can be applied to a patch of limited extent only.—DR. ALLEN in *Pediatrics.*

FOR FRECKLES:

℞

Hydrarg chlor. cor	gr. vijss.
Zinci sulf	℥ss.
Plumbi acet	℥ss.
Aquæ	℥iv. M.

Sig.

Use as a lotion.

℞

Hydrarg ammon	℥i.
Bismuthi magist	℥ss.
Ung. aquæ rosæ	℥i.

M. Sig.—Apply at night.—STELWAGON.

NEWS AND MISCELLANY.

The Section on Pathology of the Buffalo Academy of Medicine held its regular meeting January 19th. Program: Exhibition of Specimens; Large Aneurysm of Aorta, Dr. DeLancey Rochester; Other Specimens by Dr. E. P. Lothrop and Dr. H. E. Hayd.

A paragraph which originally appeared in the St. Louis *Clinique* is floating about the medical newspapers, greatly to the advantage of the Post-Graduate Medical School, for one of our instructors is thus put in most enviable relations. The paragraph says: "The three greatest surgeons in this country are Joseph Price, Robert T. Morris, and the Murphy button."—*New York Post-Graduate.*

A case of paralysis of the ulnar nerve from cycling is reported by Destot (*Brit. Med. Jour.*) After a long ride he suffered from paresthesia of the ring and little finger, and loss of sensation to puncture and to touch, as well as paresis of the interossei, lumbricales, and abductor muscles. These effects were due to pressure of the nerve branches between the handle of the bicycle and the pisiform bone. The author believes that the obliquity of the handle bar was the chief cause; for

this reason he suggests a strictly transverse bar, as the pressure then is thrown on the deeper and better-protected parts of the hand.

The Fifth Annual Meeting of the Tri-State Medical Society of Iowa, Illinois, and Missouri will meet in St. Louis, April 6, 7, and 8, 1897. A large number of valuable papers will be read. Dr. Joseph Price, of Philadelphia, will hold the surgical clinic; Dr. James T. Whittaker, of Cincinnati, the medical clinic; and Dr. Dudley Reynolds, ophthalmic clinic. Dr. G. Frank Lydston, of Chicago, will entertain the members with an original story during one of the evening sessions. The officers are: A. H. Cordier, M.D., President, Kansas City; Hugh T. Patrick, M.D., First Vice-President, Chicago; H. C. Eschbach, M.D., Second Vice-President, Albia, Iowa; G. W. Cale, M.D., Secretary, St. Louis; C. S. Chase, M.D., Treasurer, Waterloo, Iowa.

The natural history of plague is a subject which will always have an interest for the student of epidemiology, and although we may be well assured that we shall never again witness in the streets of London the scenes so graphically depicted by Daniel Defoe in his "Memorials of the Great Pestilence in London in 1665," it is nevertheless of more than academic interest to note that some weeks ago there were introduced into London from the East a couple of cases which presented, clinically and pathologically, a strong resemblance to bubonic plague. All necessary precautions were taken, and the authorities concerned acted with every discretion in the matter. There are many problems in the etiology of this extremely interesting subject which must be at present regarded as *sub judice*.—*Lancet.*

Consent to abortion is no bar to action for damages, says the *Journal of the American Medical Association*. A complaint charging that all of the defendants save one entered into collusion with that one to perform upon the body of the plaintiff a criminal operation and an abortion, the supreme court of Wisconsin holds, in Miller v. Bayer, October 13, 1896, clearly charges the defendants with entering into an unlawful combination to injure the plaintiff by performing upon her an abortion. Nor does the court consider it necessary, where the action is brought to recover damages, that the complaint should negative justification on the ground of necessity of saving life, for the reason that if the act was justifiable, the facts in that regard are a matter of defense. In this case it was further contended that the plaintiff could not recover, because she submitted to the operation performed upon her. Such, however, the court holds is not the law. It says that consent by one person to allow another to perform an unlawful act upon such person does not constitute a defense to an action to recover the actual damages which such person thereby received.

The carefully observed case of aphasia which Dr. Bastian brought before a recent meeting of the Royal Medical and Chirurgical Society will be of the greatest importance, not only to the physicians who are interested in the subject of aphasia, but also to physiologists and psychologists. The patient, who had been under almost continuous observation for eighteen years, was almost completely aphasic, and yet at the necropsy Broca's convolution was found to be intact. Dr. Bastian frequently made use of this case during the patient's lifetime to demonstrate peculiar speech defects which he correctly, as the result proved, attributed to disease at the posterior extremity of the fissure of Sylvius. But apart from the value of the case as showing that a lesion of Broca's convolution is not essential for the production of aphasia, the case is important with reference to the actual position of the centres for recording auditory and visual sense impressions. In Dr. Bastian's case there was throughout ability to understand what was said, and to read, although the patient could not read aloud. This appeared to imply that these sensory centers were performing their function. But from the careful pathologic report of Dr. Risien Russell, the supra-marginal, angular and temporo-sphenoidal convolutions, where these centres are commonly believed to be located, were entirely destroyed. It is difficult to find in the pathologic report any evidence that the lesion was of a progressive nature, although Dr. Bastian feels compelled to assume that it was so, and that the destruction of these convolutions took place subsequently, the corresponding parts of the right hemisphere having gradually taken on the function. This, however, is purely hypothetical. The patient appears never to have had word-blindness nor word-deafness, and there is no history pointing to any gradual education of the right hemisphere. The case was carefully observed and admirably recorded, and it will be better to wait for further light from similar cases before deciding exactly what its teaching is with regard to the seat of the sensory processes concerned in the expression of ideas by words.—*Lancet.*

The function of the appendix vermiformis is considered by North in *Charlotte Medical Journal*. He says that it is now understood that many organs formerly looked upon as rudimentary and functionless are really part of the hematopoietic system; thus, the tonsils, which were so freely excised in the past, are now considered the guardians of the parts below, protecting them from the invasion of pathogenic organisms. A noteworthy example of a supposed functionless organ is the appendix vermiformis, but the numerous follicles of the appendix indicate clearly that it possesses glandular action. Probably its chief function is as an automatic closer of the ileo-cecal valve, thus preventing the regurgitation of foul gases. A study of

the vital statistics of the Brooklyn Board of Health for the past fifteen years shows a steady increase in the death-rate from appendicitis and allied diseases, from which it is fair to infer that medicine has not kept pace with surgery in the treatment of these disorders. It is probable the trouble is to be found in improper treatment at their inception, the medical man of the present day throwing up his hands and unconditionally surrendering the patient to the operating surgeon. The intelligent and cautious use of mild purgatives and enemas, and above all, the bold use of opium, will, I feel confident, make a better showing in the treatment of appendicitis.

The nature and treatment of quinsy was the subject of a recent paper by J. Homer Coulter, M.D., in the *Jour. Am. Med. Assn.* The article, as abstracted for the *Laryngoscope*, states that he discredits the theory that the uric acid diathesis predisposes to attacks. He says in his cases rheumatism has not occurred more frequently than has the neurotic temperament, which condition he should hesitate to offer as an etiologic factor of any considerable importance. He believes that the only tenable theory of quinsy is that of a specific bacterium, not yet discovered, and defines the disease as an acute inflammatory action in the peritonsillar areolar tissue, usually resulting in a suppurative process. Treatment consists in a mercurial cathartic, followed by a saline draught, hot gargles, poultices and lactophenin, ten grains every three hours. His reasons for preferring the latter remedy to salol are: Its action is decidedly more prompt; it has thus far given me no undesirable after-effects; it not only relieves the pain, but reduces the fever with an equal certainty. In cases of evident rheumatic diathesis I should certainly employ in addition thereto my customary remedies.

The time reactions of the knee jerk have been studied by Gotch (*Journal of Physiology*). He concludes that the contraction of the vastus internus in response to the tendon tap is a single twitch of the muscle evoked by the direct mechanical excitation of its fibres. He obtained no evidence that the direct muscular excitability is diminished by circumstances which undoubtedly cause the above response to fail. The tendon tap may cause not only a direct response, but a reflex discharge from the spinal cord; and this, although it evokes no response on the struck side, may evoke a response on the opposite side, constituting a true crossed reflex effect. In the rabbit he found no evidence of the reflex effect on the struck side, but thinks it possible that conditions may be present in other animals and in man which would diminish the susceptibility of the vastus to the direct mechanical stimulation, whilst augmenting the reflex discharge from the spinal cord; under these circumstances a reflex effect on the struck side might occur. The discrepancies between different observers as to the fundamental nature of the effect (direct or reflex) are, he thinks, due probably to the augmented influence of one of these factors and the diminuition of the other.

The proper toothbrush is the one which will, by its shape, reach as nearly as possible all parts of the mouth and all parts of the teeth in the mouth. The handle part should be a little curved in a shape, the bristles being on the inner side of the curve and set in tufts, not close together, and because of this fact they should be very stiff. That a closely set brush becomes very filthy any one may convince himself by taking one of these brushes after it has done duty for a few months, by parting the bristles and looking closely into it. With an open brush this condition does not exist, because the construction of it allows thorough washing and a thorough circulation of air, and consequently a thorough drying of the brush and return of a rigidity of the individual bristle and series of bristles. The curved shape of the handle is for the purpose of bringing the brush end more easily under control of the hand while using. At the extreme end of the brush a larger and longer tuft of bristles should be placed, enabling the user to reach more effectually the palatal and lingual portions and surfaces of the teeth, as well as the posterior aspect of the molars. The brush should always be thoroughly washed in running water if possible; the water forced out by drawing the thumb over the bristles, and after that dried upon a towel. Three of these brushes should be in use at a time, and consecutive, thus allowing in the interim sufficient time to dry the bristles, making them more effective in their turn for use. The brush to be effective should be used in every direction, and particularly should the movement be in a vertical manner, brushing down upon the upper teeth and up upon the lower teeth, allowing the stiff and scattering bristles to go between the teeth to remove every article of food finding lodgment there. And your subscriber should not be afraid to brush the gums at the same time, even if they should bleed; the more blood, the more I would recommend brushing, thus relieving congestion by depletion.—*The Odontoblast.*

Methyl salicylate is easily absorbed by the healthy skin and is readily found in the urine and feces after a local application has been made, according to Lannois and Linossier (*Lancet*). These results suggested the use of external applications instead of internal ones in rheumatism. They, moreover, found that volatile bodies, and especially those which, in spite of a high boiling point, possessed a certain vapor-tension at the ordinary temperature, were capable of being absorbed by the healthy skin in greater quantities than the usual therapeutic doses. In the case of

guaiacol and salicylate of methyl the power of absorption was found to be regulated by invariable laws and so allowed as precise a dose to be given as could be through the alimentary canal. The medicine should be applied to the joint on gutta-percha, which is to be covered up with cotton-wool and bandages. It is important that this dressing should be impermeable, otherwise the vapors will diffuse into the atmosphere and will not have the same tendency to pass through the skin. These observations were based on twenty-four cases, full notes of which are given. Four of these were cases of acute rheumatism, eleven sub-acute, seven chronic, and two of the gonorrheal type. Some success was also obtained by this method in several cases of neuralgia and other peripheral pains. Pain is said to be usually relieved about six hours after the application. Dr. Lannois and Dr. Linnossier have also shown that the elimination by the urine commences about half-an-hour after application, attains its maximum between the sixth and seventh hour, and that 80 per cent. of the total amount which is eliminated is contained in the urine passed during the first twenty-four hours.

Recovery from phthisis of considerable extent with death by acute pulmonary miliary tuberculosis, is reported by Dr. Henry Ashby (*Brit. Med. Jour.*). The man was thirty-two years old. Four years ago he had two attacks of profuse hemoptysis, but beyond staying in bed at that time for a week and going into the country for ten days, he had received no special treatment, and had apparently got quite well. Another attack of hemorrhage took place in December, 1895, from which he recovered and again followed his vocation as a clerk in a very unhealthy part of Manchester. No troublesome cough was left after any of these attacks of hemorrhage, and he had not thought seriously of them, because, as he stated, two of his brothers had had similar attacks and were now in good health. September 16, 1896, hemorrhage again came on, and was repeated on the 23d, 24th, and 26th, about a pint of blood being lost on each occasion. After September 26th his cough became troublesome, ahd he began to lose flesh. October 21st he was troubled with dyspnea, which became extremely marked and very troublesome, so as to necessitate the upright position. Although he had marked dyspnea there was no lividity, the face being very pallid. October 27th he was sitting up in bed, extremely pale, with very frequent respiration and a very small pulse of about 180. The following day he died, and at the *post-mortem* examination about eight old caseous patches were found in various parts of the lung, all being well circumscribed, and showing no signs of activity. Another caseous patch was not so circumscribed, and appeared at its periphery to be spreading. Scattered throughout both lungs were myriads of miliary tubercles, and the various branches of the pulmonary arteries in both lungs were thrombosed, the thrombosis being more general and more extensive in the left than the right lung. The thrombosis had apparently started at the periphery in the smaller vessels, and spread from thence towards the main vessels.

A careful consideration and trial of the various methods of treating syphilodermata has led Dr. William Gottheil to the following conclusion:

1. In the primary stage, when only the chancre is present, no general treatment; calomel locally.

2. So soon as the secondary period sets in, as shown by the general adenopathy, angina, osphalalgia, and eruption, the internal treatment for mild cases should be one-half to three-quarters of a grain of the proto-iodid of mercury three times daily, continued for three months, or until the symptoms disappear. In severer cases, with pustular eruptions, severe anginas, persistent headaches, etc., a course of six to ten intra-muscular injections, or 10 per cent. calomel, albolene suspension, five to ten minims at intervals of five to fifteen days, should be employed.

3. After completion of the course and cessation of the symptoms, employ tonics, etc., without specific treatment, for three months.

4. Thereupon a second calomel course as above, plus a small dose (fifteen grains) of potassium iodid in milk after meals. This to be given whether later secondary symptoms of the skin and mucosæ appear or not.

5. Second intermission of treatment, lasting three to six months, according to the presence or absence of symptoms.

6. In the second year, if tertiary lesions marked by deeper and more localized ulceration are present, give potassium iodid, increasing doses sixty to 600 grains daily, as may be necessary. Combine with it occasional courses of calomel injections. If no lesions appear, give a mild course of both.

The best local treatment of the syphilodermata is with the mercurial plaster-mull.—Abstract of clinical lecture delivered at the New York School of Clinical Medicine.

The treatment of warty growths of the genitals is considered by William S. Gottheil, M.D., in a paper on "Epithelioma of the Penis," read before the Society for Medical Progress. He concludes as follows (*International Journal of Surgery*):

1. Warty growths of the genitals, more especially in the male, are always to be suspected of malignancy, no matter how innocent they seem.

2. They should either be left entirely alone, or be thoroughly removed by knife or cautery.

3. Imperfect attempts at destruction, as with silver nitrate, carbolic acid, etc., are especially to be avoided, there being many cases recorded in which such treatment has apparently stimulated a benign growth into malignant action.